



PRE-ADMISSION INSTRUCTIONS

KAISER SAN JOSE MEDICAL CENTER

Pre-Admission Instructions

All patients who have an upcoming surgery or outpatient procedure in the Surgery Center, Main Hospital or will be having surgery and staying in the hospital need to be pre-admitted. A pre-admission expedites the admission process on the day of your surgery or procedure and ensures all information (emergency contacts, benefit information, financial responsibility, contact information, language and religious preference, etc.) is accurate and current. It also allows us to ensure all forms that are required for your visit are complete and that we are able to answer any questions you may have.

Because we at Kaiser Permanente San Jose Medical Center respect your time, we want to give you a choice on how to complete your pre-admission.

Two ways to complete your pre-admission:

1. In person by visiting the Admitting Department in the hospital on the lobby level at 250 Hospital Parkway

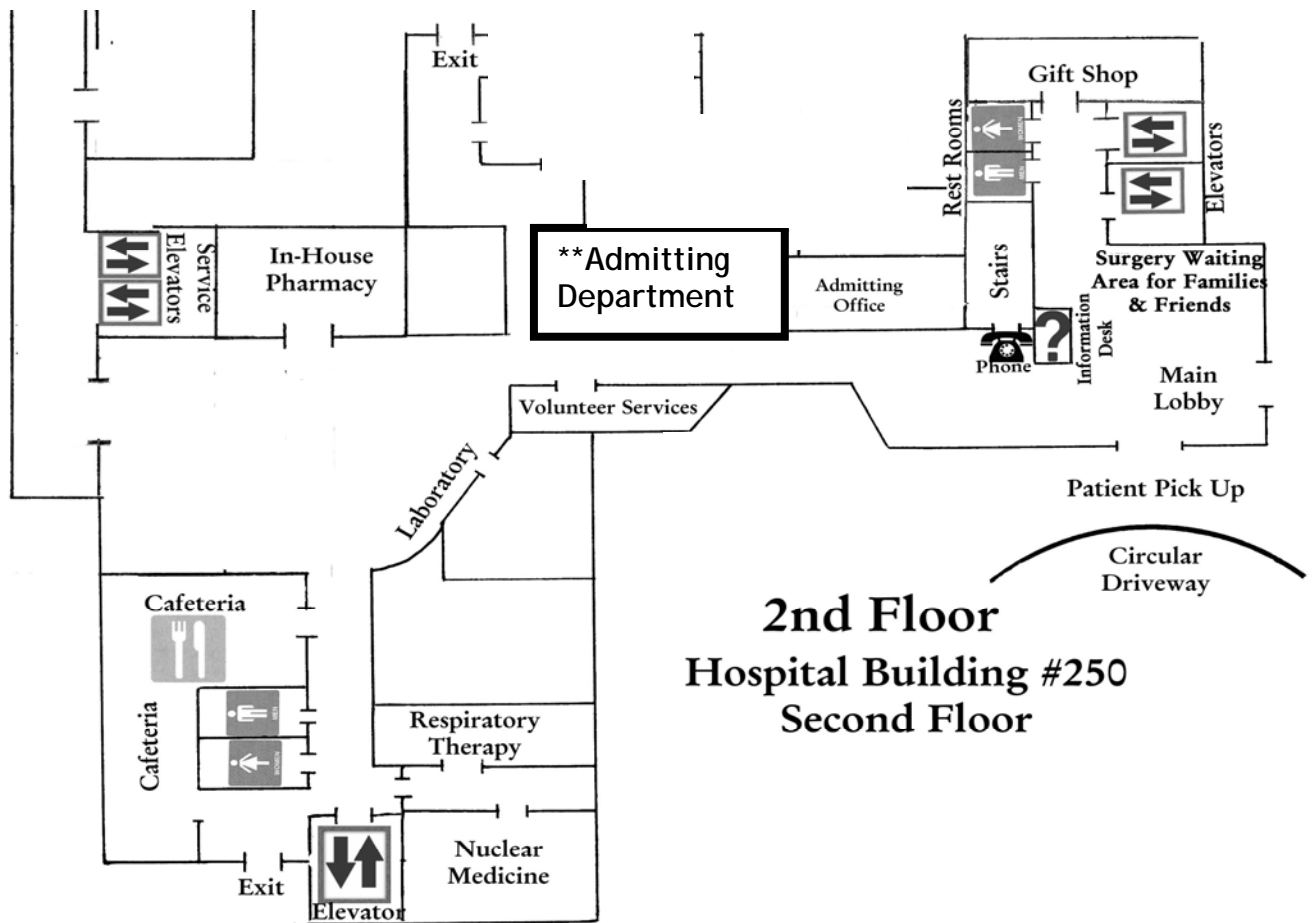
- Open 24 hours a day and 7 days a week.

2. By phone by contacting the Admitting department at 408-972-7200

- Be prepared to provide personal information to an Admitting Representative over the phone (example: social security number, emergency contact, address, phone numbers, insured person's information).
- Be prepared to pay your cost share by credit card over the phone.
- Forms will need to be signed on the day of your procedure/surgery.
- If an Admitting Representative is unavailable to pre-admit you when you call, we will take down your number and call you back.

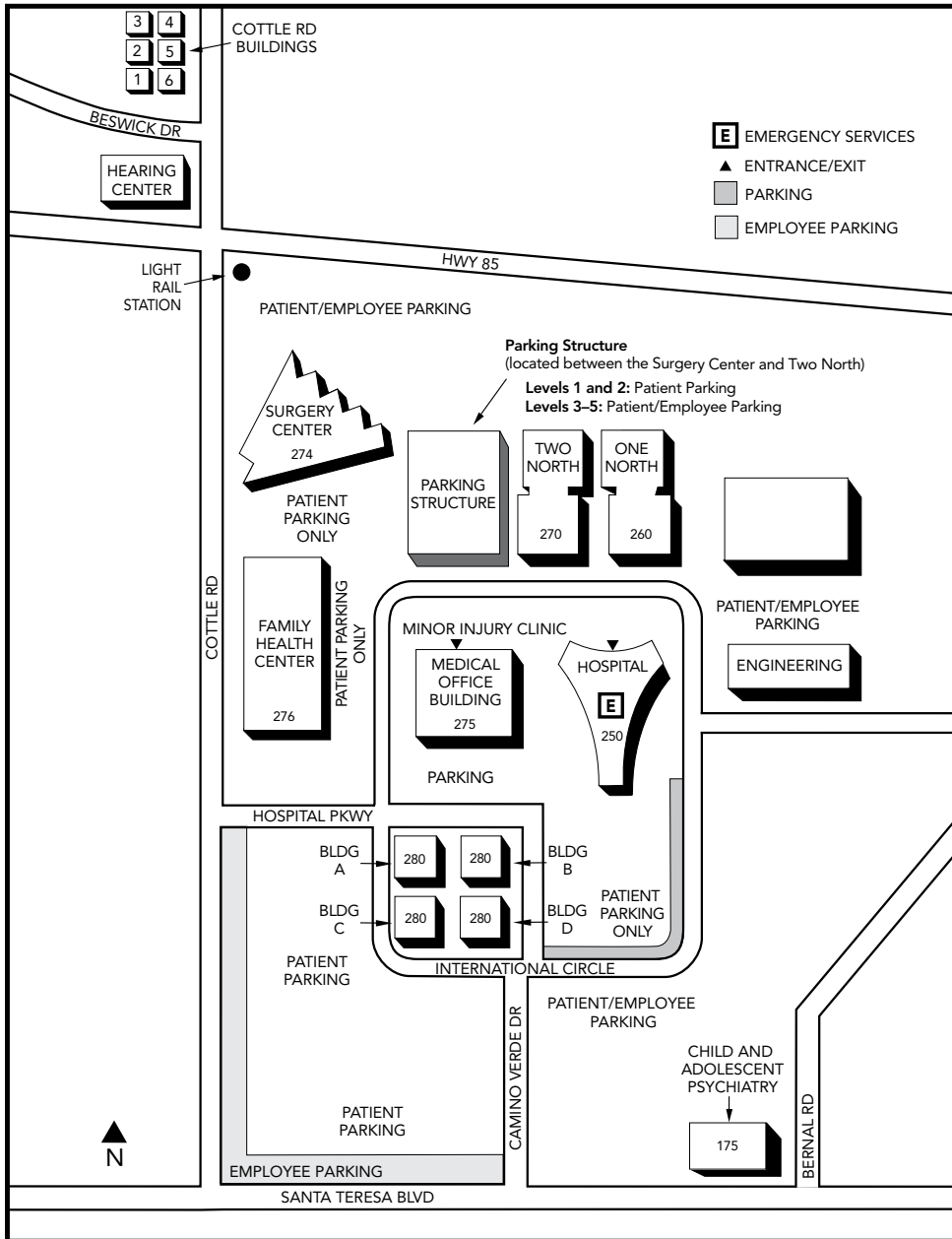
Please complete your pre-admission at least 3 days prior to the date of your procedure or surgery

**The Admitting Department is located in the Hospital
250 Hospital Parkway on the Lobby Level
OPEN 24 hours a day – 7 days a week
408-972-7200**



San Jose Medical Center

250 Hospital Parkway, San Jose, CA 95119



Map not to scale

Hospital and Main Campus

250 Hospital Pkwy.
San Jose, CA 95119

Some services are also available at the following locations:

Medical Office Building

275 Hospital Pkwy.

Buildings A–D

280 Hospital Pkwy.

Buildings 1–6

5755 Cottle Rd.

Child and Adolescent Psychiatry & Autism Spectrum Disorder Clinic Building

175 Bernal Rd.

Hearing Center

5831 Cottle Rd.

One North

260 International Circle

Two North

270 International Circle

Ambulatory Surgery Center

274 International Circle

Family Health Center

276 International Circle

Department locations on reverse side.

Parking structure

(located between the Surgery Center and Two North)

- Levels 1–2: Patient Parking
- Levels 3–5: Patient/Employee Parking

From: Gilroy Medical Offices
7520 Arroyo Circle

To: San Jose Main Campus
250 Hospital Parkway

Total distance: 22.8 miles

Total estimated time: 29 minutes

Go northwest on **Arroyo Circle** by turning right (0.9 miles). Turn left onto **Leavesley Road** (0.1 miles). Leavesley Road becomes **Leavesley Road/CA-152 West**. Take the **US-101 North** ramp toward San Jose (0.3 miles). Merge onto US-101 North (18.5 miles). Take **CA-85 North** toward Cupertino/Mountain View (0.1 miles). Merge onto CA-85 North (2 miles). Take the **Cottle Road** exit (0.2 miles). Keep left at the fork in the ramp (0.3 miles). Merge onto Cottle Road (0.3 miles).

■ **Bernal Road, Building 175**

Psychiatry (*Child/Adolescent*) . . . Suite 140
Autism Spectrum Disorders
Clinic Suite 230

■ **Building A**

Plastic Surgery
Surgery
Vascular Surgery
Wound Care Clinic

■ **Building B**

Audiology
Head and Neck Surgery
Speech Pathology
Urology

■ **Building C**

Injection Clinic
Medicine/Family Practice

■ **Building D**

Lab (*Draw Station only*)
. closed 12:30–1:30 p.m.
Medicine/Family Practice
Pharmacy

■ **Cottle Road Complex**

Genetics Cottle 1
Ophthalmology Cottle 2
Optical Sales and Services Cottle 5
Optometry Cottle 5
Psychiatry (*Adult*) Cottle 3 & 4
Psychiatry
(*Child/Adolescent*) Cottle 3

■ **5831 Cottle Road**

Hearing Center

■ **Family Health Center, Building 276**

Bone Density 3rd floor
Dermatology 3rd floor
Health Education
Resource Center 1st floor
Injection Clinic (*Pediatric*) 1st floor
Laboratory
(*Draw Station only*) 2nd floor
Mammography 3rd floor
MOHS Surgery 3rd floor
OB/GYN Injection Clinic 2nd floor
Obstetrics/Gynecology 2nd floor
Pediatrics 1st floor
Pharmacy 1st floor
Teen Clinic 1st floor
Travel Clinic 1st floor

■ **Hospital, Building 250**

Administration Lobby level, 218
Admitting Lobby level, 204
(Open 24 hours daily)
Anesthesia Dept. 1st floor
Angio Suite/
Interventional Radiology . . 1st floor, 109
Cafeteria Lobby level 211
Cath Lab 1st floor, Suite 102
Dietary Lobby level

EKG/Treadmill 1st floor 100
Emergency 1st floor 108
Gift Shop Lobby level 201
ICU/CCU 4th & 6th floor
Labor/Delivery 5th floor
Laboratory Lobby level, 206
Maternal/Child 5th floor
Medical/Surgical 3rd floor
Nuclear Medicine Lobby level, 212
Nursery 5th floor
Pediatrics 4th floor
Pharmacy (24 hours Discharge)
. Lobby level 210
Pharmacy (*Inpatient*) Lobby level 208
Physical Therapy (*Inpatient*) . 1st floor 117
Pre-Surgery Unit 1st floor, 114
Radiology 1st floor 104
Respiratory Therapy Lobby level, 207
Telemetry/Stepdown 6th floor
Volunteer Services Lobby level, 205

■ **Medical Office Building 275**

Anticoagulation (Coumadin)
Clinic 6th floor, Suite 645
Chemical Dependency
Services 3rd floor, Suite 370
Complementary
Alternative Medicine 3rd floor
CT/MRI 1st floor, Suite 110
Diabetes Clinic 6th floor, Suite 600
EEG/EMG 8th floor, Suite 800
Human Resources 7th floor, Suite 700
Medical Secretaries Lobby/2nd floor
Member Services Lobby/2nd floor
Memory Clinic 8th floor, Suite 860
Minor Injury Clinic 1st floor, Suite 100
Neurology 8th floor, Suite 800
Occupational Health 5th floor
Employee Health 5th floor
Occupational Health
Physical Therapy 5th floor
Palliative Care 8th floor, Suite 860
Patient Business Office Lobby/2nd floor
Patient Relations Lobby/2nd floor
Physical Medicine &
Rehabilitation 3rd floor, Suite 310
Spine Surgery 3rd floor, Suite 310
Preoperative Clinic 7th floor, Suite 710
Sleep Clinic 4th floor

■ **One North, Building 260**

Injection Clinic (*Adult*) 2nd floor
Laboratory (*Draw Station only*) . 1st floor
Medicine/Family Practice 2nd floor
Orthopaedics 1st floor
Pharmacy 1st floor
Radiology (*Outpatient*) 1st floor

■ **Two North, Building 270**

Allergy 1st floor
Cardiology 2nd floor
Chemo/Infusion 1st floor
Echo/EKG/Treadmill 2nd floor
Gastroenterology 2nd floor
Health Education Center 1st floor

Infectious Diseases 2nd floor
Nephrology 2nd floor
Oncology/Hematology 1st floor
Pharmacy 1st floor
Physical Therapy 1st floor
Podiatry 2nd floor
Pulmonology 1st floor
Rheumatology 2nd floor

Useful Phone Numbers

■ **General Services**

Information 972-3000
Health Education Center 972-3340
Health Education
Resource Center 972-6975
Home Health 361-2100
Hospice 361-2150
Medical Secretaries 972-6655
Member Outreach 972-7321
Toll free 1-877-327-3663
Member Service
Call Center 1-800-464-4000
TTY 1-800-777-1370
Patient Business Office 972-6996
Patient Relations 972-3470
Security/Lost & Found 972-7105
Social Services 972-6148

■ **Clinical Services**

Advice
Allergy 972-3380
Medicine/Family
Practice 362-4791
Nutrition 972-6548
Ob/Gyn 362-4740
Pediatrics 362-4740
Surgery Center 972-6640
Appointments
Genetics 972-3300
Medicine/Family
Practice 362-4791
Ob/Gyn 362-4740
Optometry 972-3413
Pediatrics 362-4740
Psychiatry (*Adult*) 972-3095
Psychiatry (*Child*) 972-3099
Appointments/Advice
(*for the deaf, hard of hearing,
or speech impaired*) 972-3323 (TTY)
Behavioral Medicine 972-3365
Chemical Dependency 972-3366
Mammography 972-3420
MRI/CT Scan 972-6780
Occupational Health 972-6800
Optical Sales and Services 972-3370
Physical Therapy 972-6400

■ **Prescription Refills**

Building D Pharmacy 972-6055
Family Health Center Pharmacy
. 972-6912
Mail Order Pharmacy 1-888-218-6245
One North Pharmacy 972-6336
Two North Pharmacy 972-6886

PREOPERATIVE INSTRUCTIONS

Please report to:

- Bldg 274, Surgery Center Ambulatory Surgery Unit; Admitting Desk 408-972-6640
- Bldg 250 Main Hospital Lobby Information desk (408) 972-7231
- Bldg 250, Main Hospital Lobby, Admitting, Room 204 (408) 972-7200

On _____

1. You will be notified by your surgery scheduler the business day before surgery TO CONFIRM YOUR ARRIVAL TIME. Due to unforeseen cancellations and emergencies, scheduled surgery times may change. Please check your phone mail for an updated message. A message may be left with an updated arrival time; please follow these last instructions. It is important that you devote the whole day to your surgery.
2. You must Pre-Admit for your surgery in the Admitting Department no later than 3 days before your surgery. The Admitting Department is open 24 hours per day, and you can pre-admit up to 30-days before your date of surgery. You also have the option to do your pre-admission over the phone by calling the admitting department at 972-7200 24/7. Please be prepared to provide personal information to an admitting representative such as social security number, address, etc. Be prepared to pay your cost share over the phone.
3. Please follow these NPO (nothing by mouth) guidelines prior to your surgery:
 - **Adults, Adolescents & Children:** No solid food after midnight the day of surgery. Water and Apple Juice can be taken up to 4 hours prior to arrival at hospital.
 - **Infants:** Solids and Formula can be taken up to 8 hours prior to arrival at Hospital. Breast milk can be taken up to 4 hours prior to arrival at hospital. Water and Apple Juice can be taken up to 4 hours prior to arrival at hospital.
 - On the day of surgery brush your teeth, but do not swallow any water.
 - **Nothing** by mouth 4 hours prior to arrival at hospital.
 - **Spine patients** should follow the department specific NPO instructions.
4. Take only the medications instructed by physician on the morning of surgery with small sip of water.
5. No Aspirin (If you take a daily ASA, please check with your surgeon before discontinuing your Aspirin), ibuprofen (Motrin, Advil), Aleve, Relafen, Naprosyn, Ascriptin, Bayer, Bufferin, Clinoril, Disalcid, Dolobid, Easprin, Ecotrin, Excedrin, Feldene, Indocin, Meclomen, Nalfon, Orudis, Tolectin, Trilisate, Voltaren ____ days before surgery. You should make sure that the pain medication you take is permitted, by asking your surgeon or preoperative physician/nurse practitioner. It is OK to take acetaminophen (Tylenol) for pain.
6. No vitamins and herbal supplements ____ days before surgery. *Bring CPAP machine for sleep apnea labeled with your name and medical number.*
7. Avoid smoking or at least cut down 24 hours prior to surgery. Avoid alcohol ingestion for 24 hours before surgery.
8. Leave all valuables at home except a picture ID and Kaiser Permanente ID card. Remove all jewelry (including your wedding ring). If you are going to stay overnight at the hospital, after surgery your family can bring you the valuables you will want in the hospital.
9. Hygiene: Shower the night before or the morning of surgery. Do not shave the surgical area. If given a special soap, please use the morning of surgery to cleanse the surgical site or as directed by your surgeon. Wear loose

comfortable clothes. Do not wear makeup. Remove nail polish on at least one finger on non operative side. Bring storage container for contact lens/eyeglasses.

10. The surgeon and anesthesiologist will be talking to you before you go into the surgery suite. Bring any consent forms you may have, and your Advance Directive if it has not been scanned into your Kaiser Permanente medical record.
 11. Learning aids: We recommend you listen to the relaxation CD, "Preparing for your surgery". If you would like to listen during your pre-op, please bring your personal ear buds. If you have internet access, this same relaxation CD can be found at your doctor's homepage at kp.org/mydoctor. (Anyone can access this site)
 12. Visitors:
 - One person allowed accompanying patient prior to surgery.
 - Two parents allowed for children age 16 and under prior to surgery. Following surgery only one parent is allowed in the recovery area.
 13. Disability forms can be obtained from Medical Secretaries, Medical Office Building, 275 Hospital Parkway, lobby floor. Hours: Monday through Friday, 8 a.m.-5:15 p.m.
 14. Outpatients: Postoperative instructions will be given prior to discharge. You will be discharged when you are in stable condition. You could feel slightly dizzy or nauseated. These are normal side effects of anesthesia and can last for 12 to 24 hours.
 - A responsible adult must accompany you at the time of discharge. Please bring the cell phone number of the person who will be picking you up; please advise this person to be flexible, as the time you are going to be discharged may vary. This person will need to be available when contacted.
 - A responsible adult needs to stay with you in your home for at least 24 hours following surgery. You may not drive yourself home after your surgery. Taxi, public transportation, or Outreach are acceptable, but you must have a responsible adult with you.
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If you are scheduled to receive a preoperative phone call from the Peri Operative Medicine physician or nurse practitioner, please be available 1 hour before and 1 hour after the appointment time. Be prepared to discuss the following information with them:

The medication you are currently taking, including the times you take them and the dosage.

- Please include any over-the-counter medications, vitamins, and herbal supplements.
- Any allergies to medication and/or food
- Any previous surgeries and the dates of those surgeries
- Your medical history (i.e., history of diabetes, high blood pressures, heart disease, etc.)
- Your family history. (i.e., family member who has history of cancer, diabetes, heart disease, etc.)

If you have any MEDICAL or MEDICATION questions regarding your surgery, call (408) 363-4584 to speak with the Peri Operative Medicine clinic RN Educator (Monday through Friday 8:30am-4:30pm) or leave a message. Also if you develop any health changes such as fever, cough, cold, or infection of teeth, skin, or any cuts, pimple or abrasions over surgical site, or rashes before surgery, call the Peri Operative Medicine clinic RN Educator.

If you become ill after 5 p.m. the evening before surgery or on the weekend before a Monday surgery, please call admitting at (408) 972-7200.

We wish you the best with your surgery!



Pre-operative Anesthesia Questionnaire

NAME	MRN	DATE
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REMEMBER	Bring all Medications and/or a list of your medications with you when you visit the Pre-Op Clinic.	Get all pre-operative lab work or other tests done at least 3 days prior to visiting the Pre-Op Clinic.
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Have you ever had any problems with your: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> HEART/BLOOD VESSELS
<input type="radio"/> Heart Attack (coronary)
<input type="radio"/> Angina (chest pain or pressure)
If so, how often? _____
<input type="radio"/> Rhythm Problem (skipped beats, etc.)
<input type="radio"/> Murmur
<input type="radio"/> Blood Pressure (high or low)
If taken at home, usual BP _____
<input type="radio"/> Other _____
<input type="checkbox"/> LUNGS
<input type="radio"/> Asthma / wheezing?
Inhaler use? How often? _____
<input type="radio"/> Shortness of breath
If so, when? _____
How often? _____ | <input type="checkbox"/> LIVER (hepatitis, cirrhosis or jaundice)
<input type="checkbox"/> KIDNEYS
<input type="radio"/> Dialysis (circle days): M T W Th F S Su
<input type="checkbox"/> BLEEDING
<input type="checkbox"/> NERVOUS SYSTEM (stroke/TIA, dizziness, fainting, seizures)
<input type="checkbox"/> THYROID (high or low)
<input type="checkbox"/> STOMACH (acid reflux, ulcers, heartburn, hiatal hernia, motion sickness)
<input type="checkbox"/> MUSCLE OR BONE
<input type="radio"/> Neck, Joint, or Back problems
<input type="radio"/> Rheumatoid arthritis
<input type="checkbox"/> BLOOD SUGAR (diabetes)
<input type="radio"/> If you are diabetic and check your sugars in the morning, what is your usual morning pre-breakfast sugar level? _____
<input type="radio"/> Have you ever had symptoms of low blood sugars? _____ |
|--|--|

Do you have any of the following sleep problems? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Snoring - frequent or loud | <input type="checkbox"/> Brief periods of stopping your breath during sleep |
| <input type="checkbox"/> Unrestful or poor sleep | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Daytime sleepiness | <input type="radio"/> Do you use a CPAP machine? |

Allergies, Medication, and Social History

Have you had a cold, earache, sore throat, or runny nose within the last month?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you have allergies or bad reactions to any drug/medications?	<input type="radio"/> No	<input type="radio"/> Yes	Which ones? _____ What happens? _____
Do you take any herbal medicines or over-the-counter supplements?	<input type="radio"/> No	<input type="radio"/> Yes	Which ones? _____ _____
Do you smoke?	<input type="radio"/> No	<input type="radio"/> Yes	packs/day _____ for _____ years
Do you drink alcohol?	<input type="radio"/> No	<input type="radio"/> Yes	drinks _____ per <input type="radio"/> day <input type="radio"/> week
Do you use any recreational drugs? <i>(e.g. marijuana, cocaine, heroin, etc.)</i>	<input type="radio"/> No	<input type="radio"/> Yes	Which ones? _____
FOR WOMEN: Is there any possibility you could be pregnant?	<input type="radio"/> No	<input type="radio"/> Yes	
Have you or a family member ever had any problems with anesthesia? <i>(Malignant Hyperthermia; Pseudocholinesterase deficiency, Other)</i>	<input type="radio"/> No	<input type="radio"/> Yes	What happened? _____ _____ _____
Please list all previous surgeries with approximate dates:	_____ _____		



Pre-operative Anesthesia Questionnaire

NAME	MRN	DATE
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Your activity level

Can you do these things?

MET EQUIV

Check box if YES

- | | | |
|--------------------------|---|------|
| <input type="checkbox"/> | 1. Walk indoors (for example, around your house)? | 1.75 |
| <input type="checkbox"/> | 2. Walk a block or two on level ground? | 2.75 |
| <input type="checkbox"/> | 3. Do yard work like raking leaves, weeding, or pushing a lawn mower? | 4.50 |
| <input type="checkbox"/> | 4. Climb a flight of stairs or walk up a hill? | 5.50 |
| <input type="checkbox"/> | 5. Participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a baseball or football? | 6.00 |
| <input type="checkbox"/> | 6. Participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing? | 7.50 |
| <input type="checkbox"/> | 7. Do heavy work around the house (like scrubbing floors, lifting, or moving heavy furniture)? | 8.00 |

What is the most active thing that you did during the last 6 months?

PREPARING FOR YOUR PROCEDURE OR SURGERY

1. Please tell your surgeon about all medications including herbals and over-the-counter medications that you take.
2. Some drugs cause bleeding when taken prior to surgery, especially blood thinners and anti-inflammatories.
3. If you are taking Coumadin or Warfarin, you will need to contact the Anticoagulant Clinic as soon as possible as (925) 372-1628. They will instruct you regarding changing or stopping the medications prior to surgery.
4. If you have **Coronary or Vascular stents, or have had a history of a stroke**, do not stop taking Aspirin, Plavix or Ticlid **without first consulting with your physician**. Please notify your surgeon about your stents or stroke hx..
5. Stop taking the following drugs **7 days** prior to surgery. For **Plastic Surgery** patients, stop these medications **14 days** prior to surgery. If you feel you cannot stop these medication due to your medical condition, discuss this with your surgeon as soon as possible. This list is a supplement to your discussion with your physician.

Take no medications from the list below for one week before the procedure. These drugs can cause excessive bleeding if taken prior to biopsy. (NOTE: TYLENOL IS OK!)

Advil	Clinoril	Gaysal-S	Panodynes
Aggrenox	Clopidogrel	Gemnisyn	Pepto-Bismol
Alka Seltzer	Cope	Ginkgo	Percodan
Aleve	Coricidin	Ginseng	Persantine
Anacin	CP-2	Ibuprofen	Plavix
Anaprox	Cosprin	Indocin	Protension
Ansaid	Coumadin	Isolyil	Postel
Anturane	Dasin	Kaopectate	Relafen
APAP Fort.	Diclofenac	Ketoralac	Rufen
Argesic	Dicumarol	Lanorinal	Sal-Favne
Artha-G	Dipyridamole	Lodine	Salatin
Artholate	Discalid	Magan	Saletol
Arthropan	Doans Pills	Mageal	Salflex
Ascriptin	Dolcin	Marnal	Salsalate
Asper Buf	Dolobid	Major-cin	Salsatab
Aspercin	Double-A	Majoral	Sine-Off
Aspergum	Duoprin	Measurin	Solocol
Aspirin	Duradyne	Meclomen	Supac
Asproject	Duragesic	Micranin	Synalgos
Axotal	Durasal	Midol	Tandearil
Bayer	Dynosal	Mobidin	Tensten
B C Tabs	Ecotrin	Mobigesic	Ticlid
Buf Tabs	Efficin	Momentum	Ticlopidine
Buff A	Emgrin	Mono-Gesic	Tisma
Buffaprin	Empirin	Motrin	Tolectin
Bufferin	Encaprin	Nabumetone	Toradol
Buffetts II	Equagesic	Nalfon	Trigesic
Buffinol	Etodolac	Naprosyn	UracelS
Buflex	Exedrin	Neocylate	Vanquish
Butal Comp	Feldene	Nuprin	Vitamin E
Butazolidin	Fiorinal	Oxalid	Voltaren
Cama	Fish Oil Capsules	PAC	Warfarin
Carpon	Flurbiprofen	Pabalate	Zorpin
Cataflam	Garlic	Pabirin	

Completing an Advance Health Care Directive

What is an Advance Health Care Directive?

An advance health care directive is a legal document. It will allow you to write down your wishes about medical care so that your doctor, family members and other loved ones know how to care for you in case you are unable to make health care decisions for yourself. Advance directive means either an individual health care instruction or a power of attorney for health care. You may be more familiar with the term "durable power of attorney for health care" or a "living will." The advance health care directive can be used when you are no longer able to make decisions about your health care for yourself. It only covers health decisions. It does not cover financial decisions. We recommend that you fill out an advance health care directive form. (See page 2 for information on how to get the form at no cost from Kaiser Permanente.)

Why is it important to complete an Advance Health Care Directive?

Completing an advance health care directive form allows you to appoint someone you trust who can make health care decisions on your behalf if you are unable to do so. By writing down your views about life support and your wishes about medical care, the person you choose will know your wishes about your care and communicate your wishes concerning your care to medical personnel.

Who should I ask to represent me?

Before completing an advance health care directive it is important to think about who you are going to ask to serve as your representative or health care agent. This person must be at least 18 years of age. You may choose a family member, a good friend, or perhaps your spiritual leader or guide. Of course, he or she should be someone that you trust to represent your views in the event you are unable to make decisions about your care. But your spokesperson should also be someone who is able to communicate clearly and assertively with medical personnel about your wishes for your care. If possible, he or she should be someone who lives near you and is also unlikely to pass away before you do.

Tips on Getting Started:

- Arrange a meeting with your loved ones so that you can talk about your views on medical care and life support.
- Discuss whether it's important for you to maintain independence and to be able to do things for yourself if you should become gravely ill.
- Discuss your beliefs about illness and the dying process, such as how important it is for you to be comfortable, not to feel pain, or to have family members and/or friends with you at the end of life.

This kind of conversation will help your loved ones know what your personal views are. Talking about it will also help you fill out your form. These legal forms are easy to fill out and do not require a lawyer. However, the form will need to be witnessed or notarized.

Where can I get the Advance Health Care Directive form?

You can pick up a copy of our Kaiser Permanente advance health care directive packet at no cost in the Health Education Center at any Kaiser Permanente facility. You can also download and print copies of the form or the entire packet at your doctor's Home Page at kp.org/mydoctor if you are a Kaiser Permanente member in Northern California. On your doctor's Home Page go to the Health Information and Resources section on the left navigation bar, then click "advance care planning."

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Other resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, classes, and much more.
- Check your *Kaiser Permanente Healthwise Handbook*.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.



CARE INSTRUCTIONS

KAISER PERMANENTE

Advance Directives: After Your Visit

Your Kaiser Permanente Care Instructions

An advance directive is a statement that lets people know your wishes for end-of-life care. It is used when you cannot speak or express yourself, such as if you are in a coma. An advance directive can be a spoken statement or a written document.

One type of advance directive is a living will. It expresses your wishes about medical treatment in case you cannot speak. It explains if and when you want life support and other treatment. Another type of advance directive appoints a person (called a durable power of attorney or a health care agent) who can make treatment decisions for you.

You can change or end a living will at any time.

Do not assume that your doctor and family know your desires about end-of-life care. An advance directive helps your loved ones make difficult decisions for you. If you do not have a living will and a health care agent, decisions about your medical care may be made by a doctor or a judge who does not know you.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Discuss your wishes with all of your family members and your doctor so they know what you want. The people making decisions for you should not be surprised by your choices.
- Each state has different guidelines for advance directives. Make sure that your directive follows the rules of the state you live in.
- You do not need a lawyer to complete an advance directive. But you may want to get legal advice.

Advance Directives: After Your Visit (page 2)

- Consider the following questions when preparing an advance directive:
 - Who do you want to make decisions about your medical care if you are not able to? Many people choose a family member, close friend, or doctor.
 - Do you know enough about life support methods that might be used? If not, talk to your doctor so you understand.
 - What are you most afraid of that might happen? You might be afraid of having pain, losing your independence, or being kept alive by machines.
 - Where would you prefer to die? Choices include your home, a hospital, or a nursing home.
 - Would you like to have information about hospice care to support you and your family?
 - Do you want to donate organs when you die?
 - Do you want certain religious practices performed before you die? If so, put your wishes in the advance directive.
- Read your advance directive every year, and make changes as needed.

When should you call for help?

Be sure to contact your doctor if you have any questions.

Where can you learn more?

Go to <http://www.kp.org>

Enter R264 in the search box to learn more about **"Advance Directives: After Your Visit"**.

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Advance Health Care Directives



Plan now to make sure that *your* health care wishes are followed in case you are unable to communicate with your health care providers.

This document allows you to *choose* someone you trust, called an agent, to make health care decisions for you.

Forms are available at kp.org (search for "advance directives") or at the Health Education office located between 1 and 2 North.

You can also call (408) 972-3340 to have a form mailed to you.

For more information, enroll in our
Advance Health Care Directives Class

This is a 60 minute class that will help you complete the forms and answer any questions you may have. There is no fee for this class. Day and evening sessions are available. To enroll, call Health Education at (408) 972-3340

Kaiser Permanente encourages all of our members over the age of 17 to complete an advance health care directive and give a copy to Kaiser Permanente to put in your medical record. You can return completed advance directives to Health Education or the Medical Secretaries Office (Lobby, 275 Hospital Parkway).



CARE INSTRUCTIONS

KAISER PERMANENTE

How to Prepare for Surgery

How do you prepare for surgery?

Having surgery can be stressful. This information will help you understand what you can expect and how to safely prepare for surgery.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before surgery?

Preparing for surgery

- Bring a list of questions to ask your doctors. It is important that you understand exactly what surgery is planned, the risks, benefits, and other options before your surgery.
- Tell your doctors ALL the medicines, vitamins, supplements, or herbal remedies you are taking. Keep a list of these with you, and bring this with you to every appointment. You will be told which medicine to take or to stop before your surgery.
- Some medicines, such as aspirin or ibuprofen (Advil, Motrin), and certain vitamins and herbal remedies can increase the risk of bleeding or interact with anesthesia. You may be asked to stop these a week before surgery.
- Before your surgery, you will speak with an anesthesia provider to discuss your anesthetic options, including the risks, benefits, and alternatives to each. This may be on the phone or in person.

How to Prepare for Surgery (page 2)

Taking care of yourself before surgery

- Build healthy habits into your life. Changes are best made several weeks before surgery, since your body may react to sudden changes in your habits.
 - Stay as active as you can.
 - Eat a healthy diet.
 - Cut back or quit alcohol and tobacco.
- If you have an advance directive—which may include a living will and a durable power of attorney for health care—let your doctor know. If you do not have one, you may want to prepare one so your doctor and loved ones know your health care wishes. Doctors recommend that everyone prepare these papers before surgery, regardless of the type of surgery or condition.

What happens on the day of surgery?

- Follow the instructions about when to stop eating and drinking, or your surgery may be canceled. If your doctor has instructed you to take your medicines on the day of surgery, please do so using only a sip of water.
- Take a bath or shower before coming in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do NOT shave the surgical site yourself.
- Remove all your jewelry, piercings, and contact lenses.
- Leave your valuables at home.

At the hospital or surgery center

- Bring a picture ID.
- Before surgery you will be asked to repeat your full name, what surgery you are having, and what part of your body is being operated on. The area for surgery may be marked.
- A small tube (IV) will be placed in a vein to give you fluids and medicine to help you relax. Because of the combination of medications given to keep you comfortable, you may not remember much about the operating room.
- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may range from making you fully asleep, to simply numbing the area being worked on. This will depend on

How to Prepare for Surgery (page 3)

the procedure you are having, as well as a discussion between your doctor, the anesthesia provider, and you.

- As you wake up in the recovery room, the nurse will check to be sure you are stable and comfortable. It is important to let your doctor and nurse know how you feel and ask questions about any concerns you may have.

Going home

- Be sure you have someone to drive you home.
- For your safety, you should not drive until you are no longer taking pain medicines, and you can move and react easily.
- Arrange for extra help at home after surgery, especially if you live alone or provide care for another person.
- You will be given more specific instructions about recovering from your surgery, including activity and when you may return to work.

Where can you learn more?

Go to <http://www.kp.org>

Enter Q270 in the search box to learn more about "**How to Prepare for Surgery**".

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CARE INSTRUCTIONS

KAISER PERMANENTE

General Pre-Op for People With Diabetes

Your Kaiser Permanente Care Instructions

People with diabetes have millions of surgeries each year in the United States. With new methods, new tools, and better anesthesia, surgery is safer now than it has ever been.

Your doctor may have you carefully monitor your blood sugar (glucose) for at least 24 hours before and 72 hours after your surgery. If you take pills or insulin for diabetes, your doctor will give you exact instructions about how to take your medicines. You may need to change your diabetes treatment before and after the surgery.

The following are general guidelines. Everyone is different. It is important to ask your doctor if you do not receive instructions or do not understand what to do with your medicines.

If you take:

- Metformin, your doctor may have you stop taking it 48 hours before and after your surgery.
- Oral diabetes pills or tablets, your doctor may have you stop taking your medicine on the morning of surgery.
- Short-acting insulin, your doctor may have you stop taking it on the morning of the surgery.
- Long-acting insulin, your doctor may have you take only half of your usual dose on the morning of the surgery.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

General Pre-Op for People With Diabetes (page 2)

What happens before surgery?

Having surgery can be stressful. This information will help you understand what you can expect and how to safely prepare for surgery.

Preparing for surgery

- Bring a list of questions to ask your doctors. It is important that you understand exactly what surgery is planned, the risks, benefits, and other options before your surgery.
- Tell your doctors ALL the medicines, vitamins, supplements, or herbal remedies you are taking. Keep a list of these with you, and bring this with you to every appointment. You will be told which medicine to take or to stop before your surgery.
- Some medicines, such as aspirin or ibuprofen (Advil, Motrin), and certain vitamins and herbal remedies can increase the risk of bleeding or interact with anesthesia. You may be asked to stop these a week before surgery.
- Before your surgery, you will speak with an anesthesia provider to discuss your anesthetic options, including the risks, benefits, and alternatives to each. This may be on the phone or in person.
- You will be given exact instructions when to stop eating before your surgery. It is important to have an empty stomach before surgery. But this can also lead to low blood sugar. Discuss this issue with your doctor to get specific information for your situation.
- Check your blood sugar often in the hours before the surgery.

Taking care of yourself before surgery

- Build healthy habits into your life. Changes are best made several weeks before surgery, since your body may react to sudden changes in your habits.
 - Stay as active as you can.
 - Eat a healthy diet.
 - Cut back or quit alcohol and tobacco.
 - Control your blood sugar as best you can.
- If you have an advance directive—which may include a living will and a durable power of attorney for health care—let your doctor know. If you do not have one, you may want to prepare

General Pre-Op for People With Diabetes (page 3)

one so your doctor and loved ones know your health care wishes. Doctors recommend that everyone prepare these papers before surgery, regardless of the type of surgery or condition.

- Make sure you have diabetes supplies at home for after surgery, such as test strips and medicines.

What happens on the day of surgery?

- Follow the instructions exactly about when to stop eating and drinking, or your surgery may be canceled. If your doctor has instructed you to take your medicines on the day of surgery, please do so using only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do NOT shave the surgical site yourself.
- Remove all jewelry, piercings, and contact lenses.
- Leave your valuables at home.

At the hospital or surgery center

- Bring a picture ID.
- Before surgery you will be asked to repeat your full name, what surgery you are having, and what part of your body is being operated on. The area for surgery may be marked.
- A small tube (IV) will be placed in a vein, to give you fluids and medicine to help you relax. Because of the combination of medicines given to keep you comfortable, you may not remember much about the operating room.
- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may range from making you fully asleep, to simply numbing the area being worked on. This will depend on the procedure you are having, as well as a discussion between your doctor, the anesthesia provider, and you.
- As you wake up in the recovery room, the nurse will check to be sure you are stable and comfortable. It is important for you to tell your doctor and nurse how you feel and ask questions about any concerns you may have.

Going home

- Be sure you have someone to drive you home.

General Pre-Op for People With Diabetes (page 4)

- For your safety, you should not drive until you are no longer taking pain medicines and you can move and react easily.
- Arrange for extra help at home after surgery, especially if you live alone or provide care for another person.
- You will be given more specific instructions about recovering from your surgery, including activity and when you may return to work.
- Before you go home, review with your doctor how to treat your diabetes. Your dosage or medicine may change after surgery.
- Controlling your blood sugar levels will help you heal from surgery faster and lowers your risk of infection.

When should you call your doctor?

- You have questions or concerns.
- You do not understand how to prepare for your surgery.
- You become ill before surgery (such as fever, cold or flu, chest pain, or shortness of breath).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to <http://www.kp.org>

Enter L073 in the search box to learn more about "**General Pre-Op for People With Diabetes**".

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CARE INSTRUCTIONS

KAISER PERMANENTE

Stopping Smoking: After Your Visit

Your Kaiser Permanente Care Instructions

Cigarette smokers crave the nicotine in cigarettes. Giving it up is much harder than simply changing a habit. Your body has to stop craving the nicotine. It is hard to quit, but you can do it. There are many tools that people use to quit smoking. You may find that combining tools works best for you.

There are several steps to quitting. First you get ready to quit. Then you get support to help you. After that, you learn new skills and behaviors to become a nonsmoker. For many people, a necessary step is getting and using medicine.

Your doctor will help you set up the plan that best meets your needs. You may want to attend a smoking cessation program to help you quit smoking. When you choose a program, look for one that has proven success. Ask your doctor for ideas. You will greatly increase your chances of success if you take medicine as well as get counseling or join a cessation program.

Some of the changes you feel when you first quit tobacco are uncomfortable. Your body will miss the nicotine at first, and you may feel short-tempered and grumpy. You may have trouble sleeping or concentrating. Medicine can help you deal with these symptoms. You may struggle with changing your smoking habits and rituals. The last step is the tricky one: Be prepared for the smoking urge to continue for a time. This is a lot to deal with, but keep at it. You will feel better.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Ask your family, friends, and coworkers for support. You have a better chance of quitting if you have help and support.

Stopping Smoking: After Your Visit (page 2)

- Join a support group, such as Nicotine Anonymous, for people who are trying to quit smoking.
- Consider signing up for a smoking cessation program, such as the American Lung Association's Freedom from Smoking program.
- Set a quit date and stick to it. Pick your date carefully so that it is not right in the middle of a big deadline or stressful time. Once you quit, do not even take a puff. Get rid of all ashtrays and lighters after your last cigarette. Clean your house and your clothes so that they do not smell of smoke.
- Learn how to be a nonsmoker. Think about ways you can avoid those things that make you reach for a cigarette.
 - Avoid situations that put you at greatest risk for smoking. For some people, it is hard to have a drink with friends without smoking. For others, they might skip a coffee break with coworkers who smoke.
 - Change your daily routine. Take a different route to work or eat a meal in a different place.
- Cut down on stress. Calm yourself or release tension by doing an activity you enjoy, such as reading a book, taking a hot bath, or gardening.
- Talk to your doctor or pharmacist about nicotine replacement therapy, which replaces the nicotine in your body. You still get nicotine but you do not use tobacco. Nicotine replacement products help you slowly reduce the amount of nicotine you need. These products come in several forms, many of them available over-the-counter:
 - Nicotine patches
 - Nicotine gum and lozenges
 - Nicotine inhaler
- Ask your doctor about bupropion (Wellbutrin) or varenicline (Chantix), which are prescription medicines. They do not contain nicotine. They help you by reducing withdrawal symptoms, such as stress and anxiety.
- Some people find hypnosis, acupuncture, and massage helpful for ending the smoking habit.
- Eat a healthy diet and get regular exercise. Having healthy habits will help your body move past its craving for nicotine.
- Be prepared to keep trying. Most people are not successful the first few times they try to quit. Do not get mad at yourself if you smoke again. Make a list of things you learned and think about when you want to try again, such as next week, next month, or next year.

Stopping Smoking: After Your Visit (page 3)

- If other medicines and techniques do not seem to help you, your doctor may prescribe a different medicine, such as nortriptyline (Aventyl, Pamelor) or clonidine (Catapres), that usually is used to treat other medical conditions. These medicines also can be effective at helping people quit smoking.

Where can you learn more?

Go to <http://www.kp.org>

Enter Y522 in the search box to learn more about **"Stopping Smoking: After Your Visit"**.

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If you have additional questions about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood center or hospital blood bank.

References:

1. Stramer SL, Glynn SA, Kleinman SH et al. "Detection of HIV-1 and HCV infections among antibody-negative blood donors by nucleic acid-amplification testing." New England Journal Medicine vol 351, pp.760-768, August 2004.

* The risk estimates were adjusted to include first time and repeat blood donors.

2. U.S. Department of Transportation's Fatality Analysis Reporting System website 2003 data:

http://www.hwysafety.org/research/fatality_facts/general.html.

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(Revised 6/06)

A Patient's Guide to Blood Transfusion



**California Department of
Health Services**

June 2006

This brochure is provided as a source of information and is not to be considered a replacement for the ***Informed Consent*** process prior to the transfusion of blood.

If you need blood, you have several options. These options include receiving blood from the community, using your own blood (autologous), or blood from donors that you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

It is important to weigh the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

Community Donors. Hospitals maintain a supply of blood from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available.

Our nation's blood supply is very safe and high in quality. Nothing in life is risk free; however, the risks associated with blood transfusions are very small. The chance that a unit (pint) of blood will transmit

Human Immunodeficiency Virus (HIV) (the virus that causes Acquired Immunodeficiency Syndrome (AIDS)) or hepatitis C is about 1 in 2 million. The chance that a unit (pint) will transmit hepatitis B is less than 1 in 200,000.^{1*} Although the risk for other serious infections exist, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (1 in 7,000).²

Using your own blood – Autologous Donation. Using your own blood (autologous) can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Patients who donate their own blood before surgery have lower blood levels at the time of surgery and, therefore, have a greater chance of needing transfusions during or after their surgeries. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

Donating BEFORE Surgery. Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is important.

Donating DURING Surgery and/or After Surgery. Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed, and returned to you. A large volume of your blood can be recycled in this way.

Blood that is lost after surgery may be collected, filtered, and returned to you.

Designated Donors. Although the blood supply today is very safe, some patients prefer to receive blood from people they know – “designated (or directed) donors.” This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or other infections could pass the screening tests, and infect you.

Designated donors must meet the same requirements as community donors. Several days notice is required for the additional processing of designated donors.