



TMC's Pre-Anesthesia Testing (PAT)

This information has been developed to help you and your family understand how to prepare for your hospitalization and what will take place during your hospitalization at Tucson Medical Center. We want to reduce your stress as you prepare for heart surgery by informing you of the normal events that occur. You may have more questions about things not covered in this binder. Your physician, nurse and other staff members will be glad to help you get the answers you need.

This binder is a supplemental piece to the education provided to you by your physician and nurse. We hope you and your family find it a helpful resource.

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Now that your heart surgeon has told you that you need open heart surgery, the next step is to go to Pre-Anesthesia Testing. Anesthesia (sleep) is a necessary part of your surgery and is performed by a physician who is not your surgeon. This doctor is called an anesthesiologist. Your anesthesiologist needs background information about you so as to assist in your surgery. Staff at PAT will provide you with more information about what to expect.

Your PAT appointment is important because your anesthesiologist may need to order tests that are different than the ones your surgeon ordered. A nurse will be with you at this appointment to ensure everything is done with your safety in mind. This nurse will also make sure that each of your physicians has done what is needed before your surgery.

► Please make sure you keep and attend your scheduled PAT visit otherwise your surgery may be delayed!

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Directions:

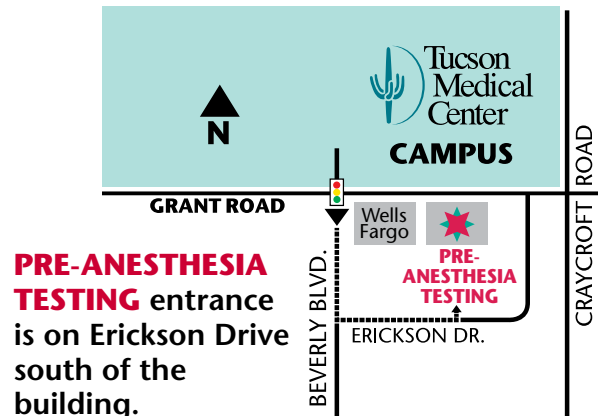
TMC's PAT is located at 5335 E. Erickson Drive, across from TMC, off of Beverly Boulevard

From Grant Road

- Turn south onto Beverly Boulevard
- Take your first left onto Erickson at the Wells Fargo building
- PAT is located next to Wells Fargo on the left side of the street

Parking is located in front of the building.

Phone: (520) 324-1446 **Fax:** (520) 324-3706



► Please bring this binder to all of your appointments about your open heart surgery. Feel free to add your own information.

Be sure to look for the DVD located in this binder titled *TMC CardioVascular Center*

- *Open Heart Surgery* • *Patient Experience Video*. It's a 10-minute video that will take you through the entire open heart surgery process at TMC and includes the perspective of a former open heart surgery patient. You and your family may find it helpful. The video may help answer some of your questions and alleviate some of your fears. View it at home at your convenience.

An overview of your PAT appointment:

- You will be asked for your photo ID and insurance cards.
- A name band will be placed on your wrist.
- You will be given three consent forms to sign including *Patient Rights and Responsibilities* and *Conditions of Treatment*. These consents are different than the surgery or anesthesia consent forms. They give TMC permission to treat you by drawing your blood, running an EKG and taking your blood pressure. The third form, *Informed Consent: Transfusion of Blood Products*, is about blood products. Your doctor will explain to you the benefits and risks of receiving blood products. You will also be given the opportunity to sign this consent at TMC before your surgery.
- Your vital signs, height and weight will be checked. A urine sample and several blood samples may be collected depending on what your surgeon has ordered. Your neck

continued on page 3

continued from page 2 • An overview of your PAT appointment

will be measured to rule out any sleep apnea risks, and your nose may be swabbed to test you for MRSA, an antibiotic-resistant bacteria. Your nurse will determine if you need to be swabbed.

- Your nurse will review your list of medications, drug allergies, medical history and surgical history. Please tell your nurse if you have ever had any problems with anesthesia in the past including malignant hyperthermia, discomfort opening your mouth or being unable to open your mouth, nausea or vomiting.
- Your nurse will teach you how to use an incentive spirometer, also called an “I/S.” This breathing device will help prepare your lungs for surgery and should be practiced daily at home before your surgery. Be sure to bring your incentive spirometer with you the day of surgery.
- You will be asked for emergency contact names and numbers, as well as who will care for you when you go home.
- You will be asked for a living will/medical power of attorney. These questions are asked of all patients. They are not to alarm you but to better prepare our staff for your care. It is important that your family be aware of your wishes and know where you keep these important documents.
- All of the information gathered at this appointment will be available in TMC’s computer system for your surgeon, anesthesiologist and other physicians on your surgery day.
- After the appointment, you may take a shuttle, walk or drive over to TMC to get your chest X-ray. You will be given a map, along with a paper order sheet to give to the staff at the front desk of the Radiology department.
- After your X-ray, you are free to leave, or you can receive a personalized tour of the facility with an intensive care nurse. Your nurse will show you where you will be after surgery and provide some information about TMC’s Cardiac Rehab. This tour also offers your family a chance to see the waiting area and become familiar with the layout of the hospital including where your room will be, the cafeteria and restrooms.

Our nurses are happy to spend this time with you and we encourage you and your family to take full advantage of this opportunity!

If your time is limited, the patient-experience DVD covers most of this information. Before leaving your PAT appointment, please check to make sure you have your bag that contains the incentive spirometer, a package of chlorhexidine wipes and your binder.

► Please note that you will not receive any anesthesia at your PAT appointment.

List of items to bring with you to your PAT appointment

A “buddy”

This person can be a spouse, good friend or relative to help you absorb and organize the information and instructions you'll receive

Photo ID/insurance card/pharmacy card if you have one

Any implantable device cards including pacemaker, ICD, deep brain stimulator (DBS), cochlear implants, pain stimulators, etc.

Note: You will need to bring your programmer on the day of surgery

Updated medication list (including the dosages and how frequently they're taken) or the actual bottles

Please include all over-the-counter medications, supplements, inhalers, patches, eye drops and nasal sprays.

Note: You may list these on the Patient Medication List on page 7 of this binder

Updated medical/surgical history with dates if possible

List of current physicians

Feel free to place their cards in the card holder section of this binder

Emergency contact names and numbers

A copy of your living will/medical power of attorney

Names and phone numbers of people who may receive your personal health information

► **Please remember to bring your binder to each appointment!**

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Medication and Food Allergies

▶ I have had **SEVERE** allergic reactions to the following medications:

Drug Name	Severe Reaction

▶ I have had **MODERATE** allergic reactions to the following medications:

Drug Name	Moderate Reaction

▶ I have had **MILD** allergic reactions to the following medications:

Drug Name	Mild Reaction

▶ I have had **SEVERE** allergic reactions to the following foods:

Food Name	Severe Reaction

Patient Medication List

Please fill out for your PAT appointment as well as future appointments.
(Or you can insert your own list here)

Name: _____ Date of birth: _____

Pharmacy name: _____

Pharmacy phone number: _____ Pharmacy fax number: _____

► Please include all over the counter medications and supplements

SAMPLE

DRUG NAME: Aspirin DOSAGE: 81 mg
 HOW TAKING: Orally PRESCRIBING DR: Adams
 FREQUENCY: twice a day ; one in the am / one in the pm
 REASON FOR TAKING: blood clot
 DATE STARTED: Oct 31, 2014 DATE STOPPED: Dec 12, 2015 for surgery

Medication

DRUG NAME: _____ DOSAGE: _____
 HOW TAKING: _____ PRESCRIBING DR: _____
 FREQUENCY: _____
 REASON FOR TAKING: _____
 DATE STARTED: _____ DATE STOPPED: _____

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