

THE SURGERY CENTER OF CHARLESTON 1849 Savage Road, Charleston, SC 29407

CHILD IV PRE-OPERATIVE INSTRUCTIONS

Due to circumstances beyond our control, surgery time is determined by the surgery facility the business day before surgery. If you do not receive a <u>call before 4PM the business day before surgery</u>, please call (843)576-2600.

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Name:_		DOB:	Date of Surgery:	Dr
WHO	SHOULD BRING YOU Please remain at the sur CHILDREN-Limit the Do not bring children u Children not having sur Your child must have s Please bring a bottle or	U rgery center while your of number of family memb anless they are having sur rgery are not allowed in a omeone stay with them of	child is having surgery. ers/friends that accompany to rgery. recovery room due to privacy over night after the surgery.	2 persons.
MEDI • •			e available for purchase at the lar basis, please use the morn	e surgery center when you check in. ing of surgery.
DIET • •	If the patient has anything			en they call pre-operatively. structs, the surgery will be <u>cancelled</u>
HOW • •	•	e-fitting clothing, no jean	r lotions the day of the surgery s/legging, try to avoid any met	
After of the pat anesth back for your of to be v control several postop	tient's safety, we will det esiologist and operating a or the procedure. The op hild is transferred to the a with your child. At this p lled. It is during this per I hours and up to the who	ermine if your child need coom nurse will see you erating room staff will the ecovery room. We will oint we give your child st iod your child is likely to ble operative day for the	ds an IV placed before going bein pre-op to answer any final onen take your child back for the promptly bring up to 2 family some liquids and a Popsicle are be fussy and crying while the anesthetic to wear off complete.	e anesthesia wears off, this may take
	r child develops fever, c 576-2600.	oughs, or other viral sy	mptoms prior to surgery, p	lease contact the Surgery Center

Phone number

Alternate phone number/s

Date

Staff Printed Name

Patient/Parent/Legal Guardian Signature

Relationship to Patient