Port Huron Hospital

Port Huron Hospital
1221 Pine Grove, Port Huron, MI 48060

Patient Identification

Adult Patient Instruction Checklist - Endoscopy

1. Please enter the hospital through the main entrance. From there, hospital personnel will direct you.

   Day _____ Date _____

   We will call you, between 3:30-5:30 p.m. the day before your procedure to verify your arrival time. If you are scheduled for a Monday procedure we will call you on Friday.

   - **Please call (810) 989-3281 between 3:30 – 5:30 p.m. to verify your arrival time only if you do not have an answering machine and will not be home during this time.**

2. **Procedures must have –** you should have received instructions and a bowel prep from your physician; if not, please call them immediately for this. You will need to start this prep the day before your procedure. You will be on clear liquids only the day before your procedure.

   - A reliable driver for the ride home (Not doing so may result in cancellation of your procedure).
   - **Please do not bring children with you to the hospital.**

3. **Do not eat, drink, smoke, chew gum or have candy after midnight the day before your procdure** (unless otherwise instructed). Failure to follow these instructions may result in cancellation of surgery due to the possibility of vomiting and/or aspiration (breathing in) of stomach contents into the lungs. This could result in pneumonia or even death. No alcohol, street drugs, or marijuana 24 hours before surgery or procedure.

4. **Do not take**

DO NOT TAKE	
DO NOT TAKE	**Medication Instructions** • **No insulin or oral diabetic medication on the day of procedure unless otherwise instructed.** • **NO Aspirin or Iron** (including Multivitamins that have iron) **for at least 5 days before procedure – check with your physician**. You may use Tylenol (Acetaminophen) within this time period. ***If you have a stent, do not hold aspirin unless approved by the ordering physician.*** • **Coumadin, Plavix, Effient, Aggrenox, Trental, or other Blood Thinners.** Patient needs to consult prescribing physician as to determine when to stop taking. _____ _____

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DO TAKE ✔	***DO TAKE*** ✔
	• Please take the following medications the morning of your procedure with a small sip of water. _____ _____

5. **Day of Procedure:**
   - No make-up, hair spray, jewelry (or any body piercing).
   - Glasses/contact lenses — bring carrying case.
   - Dentures — do not use adhesives.
   - Leave valuables and jewelry at home.
   - Wear loose, comfortable clothing appropriate for the procedure.
   - Shower or bathe the night before and morning of your procedure.
   - Bring insurance, prescription cards, and photo ID.
   - If you wake up ill, call surgery at **(810) 989-3281.**
   - Female patients may be asked for a urine specimen upon arrival, if within childbearing age.
   - Instructed to remove all jewelry and piercings or they may need to be cut off.
   - Reviewed visiting policy for day of procedure.

Pre Admission Testing Use Only

Instructions given via phone to ☐ pt ☐ spouse ☐ s.o. ☐ other.

Signature _____ Date/Time _____