



CHECKLIST

Date: ____/____/____ Time: _____

Discharge Criteria	Initialed by physician/nurse*
Stable vital signs for a minimum of 1 hour	
Complete orientation to time, place, and known persons	
No or only minimal/undisturbing nausea, vomiting, or drowsiness	
Sufficient pain management with oral analgesics or suppositories	
Fluid intake possible	
Urinary bladder voiding	
Only minimal bleeding or drainage from the wound	
Repeat information and guidelines about what to do for the first 24 hours following outpatient anesthesia	
Acknowledgement of receipt of information sheet for outpatient anesthesia present in patient's medical records – if not, hand out to patient and accompanying person again	
Patient was picked up from outpatient unit by accompanying person	*



MANAGING A WOUND DRAIN

If you have a drain inserted into your incision, the amount of fluid collected must be measured regularly. If the amount of fluid seems unusually high or if blood is draining contact us at one of the telephone numbers given below. Please do not remove the wound drain yourself!

EMERGENCY CONTACT

If, following your surgical procedure, you experience nausea, vomiting, severe pain despite pain medication, high fever (above 38.5C/101.3F) or chills, difficulty breathing, heavy bleeding, noticeable paleness, or any other serious symptoms please contact the hospital immediately!

Ward B3.1. outpatient pediatric ENT surgery

Tel.: 0651 947-2606

Ward B3 outpatient diagnostic examination under sedation

Tel.: 0651 947-2614

Before 4pm:

Following vascular surgical procedures: 0651 947-2449

Following gynecological procedures: 0651 947-2632

Following ENT procedures: 0651 947-2489

Following surgical procedures: 0651 947-2643

Following orthopedic procedures: 0651 947-2465

Following pediatric surgical procedures: 0651 947-2657

Following pediatric examinations: 0651 947-2656

After 4pm:

0651 947-0 (information desk at hospital entrance)

In life-threatening situations please call the emergency physician for help at the Fire Department (Feuerwehr) Tel: 112



BEST WISHES FOR YOUR HEALTH

We hope that with this information sheet we have clearly explained the course of your outpatient treatment in our hospital and the necessary recommendations for your care afterwards at home.

Therefore, we would like to ask you to acknowledge the receipt of this information sheet. Please take this copy home with you.

If you have any questions or suggestions please let us know.

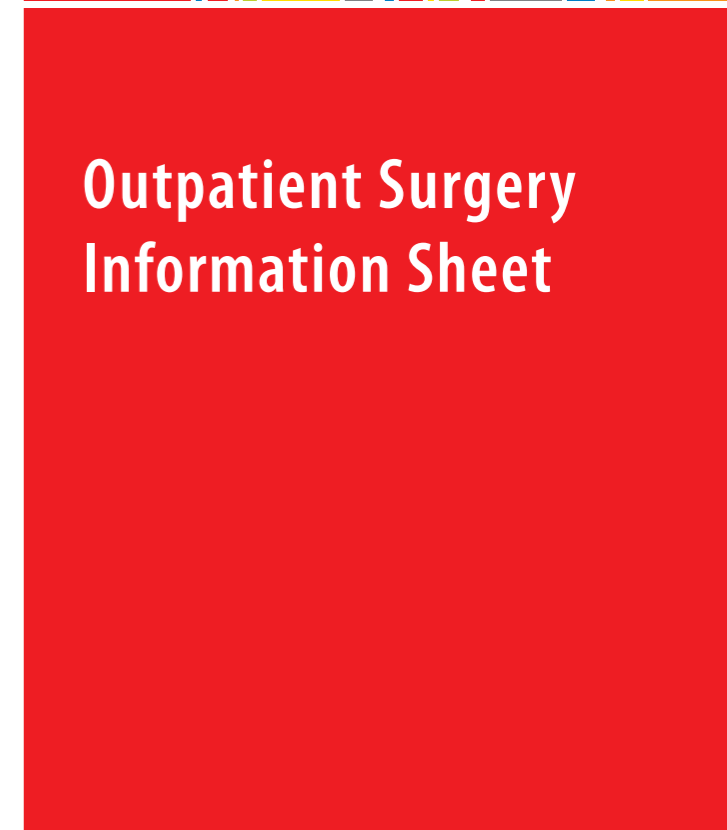


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**Outpatient Surgery
Information Sheet**





Dear Patient / Dear Parents:

You have decided to have your surgical procedure or the surgical procedure of your child performed in our Clinical Center.

We would like to organize the procedure together with you so that it is as simple and, most importantly, as safe as possible in order to achieve an optimal medical result. With this information sheet we would like to familiarize you once again with the entire process and the anesthesia.

EATING / DRINKING / SMOKING

On the day of your surgery please do not eat or smoke for 6 hours before your scheduled surgery appointment. You may drink clear fluids (tea, water) up to 2 hours before your procedure. Candy and chewing gum are unfortunately not permitted in order to avoid nausea and vomiting during or after surgery. The same rules apply to children.

MEDICATION

Medication may be taken as discussed in the preoperative visit with the anesthesiologist. Please bring your own medication (e.g. insulin) with you to the hospital.

VALUABLES

Please do not bring any valuables, large amounts of cash, or jewelry with you to the hospital. It is possible to store reading glasses, hearing aids, and dentures with us.



PLEASE BRING WITH YOU:

Please bring with you: comfortable clothing, slippers, Pampers (if applicable), and perhaps reading material for you or your child. Children may bring a stuffed animal and toys. In the event that you or your child have special food needs (baby food, gluten-free products, lactose-free products) we ask that you please bring them with you on the day of your surgery.

THE DAY OF YOUR SURGERY

Please call us on ____/____/____
between 3.30pm and 4:30pm in the Outpatient Center (Ambulantes Zentrum) **Telephone: 0651 947 3760** so that we can tell you at what time you should be in the hospital.

On the day of your surgery please arrive promptly at the scheduled time in the Outpatient Center (Ambulantes Zentrum) (elevator 1, 4th floor, ward A4.1).

In order to reduce tension while waiting for your procedure you will receive a mild sedative which may be taken with a small sip of water. Beforehand you may want to use the restroom. Following your operation you will be monitored for a period of time in the recovery room. Afterwards you will return to the Outpatient Center (Ambulantes Zentrum).

Following your discharge examination you must be picked up by an adult in the Outpatient Center (Ambulantes Zentrum) and be accompanied by him/her to your home! This is generally the case within 4 hours after surgery. In the event of unforeseeable complications it may be necessary to be admitted to the ward for further treatment.



AT HOME

After outpatient surgery there are also certain guidelines that have to be followed in the first 24 hours after the operation because you are legally, in this phase, not fully competent.

It is absolutely necessary that you follow these directions:

- ▶ You may not drive a motor vehicle.
- ▶ You may not be by yourself. You must arrange for responsible supervision otherwise the surgery cannot be performed on an outpatient basis. Take it easy!
- ▶ You may not operate machinery.
- ▶ You may not drink alcohol or take drugs or sedatives. You may only take medications prescribed by the physician.
- ▶ You may not make any important private or business decisions (signing contracts, etc.).
- ▶ Please do not participate in any sports.

BANDAGES AND CASTS

With a firm bandage (e.g. plaster) it is important to elevate the affected extremity continuously in the beginning and later as often as possible. If there is a change in the color of the fingers or toes to blue or white, pain, swelling, or a disturbance in sensation (e.g. tingling, numbness) please call the hospital immediately using the telephone numbers given on the following page or 947-0. Please do not remove the bandage yourself.



FOR THE PATIENT'S MEDICAL RECORDS

Patient Label

The outpatient surgery of the above mentioned patient will be performed on ____/____/____.

RECEIPT AND SIGNATURES

I have received the Outpatient Surgery Information Sheet and acknowledge the given guidelines.

I will be driven home by

- accompanying person
 Taxi

If I come with my own car, I will hand in the key at the registration desk. This will be collected by the person accompanying me after the operation.

Date Patient's signature

Date Doctor's signature

