# Peri-Procedure Interview

**DATE**

**TIME**

**SCHEDULED DATE**

**SCHEDULED TIME**

**HOME PHONE NO.**

**WORK PHONE NO.**

## INFORMED OF

- [ ] TYPE OF PROCEDURE AND LENGTH POST PROCEDURE CARE
- [ ] NO. OF FAMILY ACCOMPANYING (SUGGESTED MAXIMUM)
- [ ] INSTRUCT PATIENTS NOT TO BRING OTHER UNATTENDED SIBLINGS ON THE DAY OF PROCEDURE
- [ ] TIME TO ARRIVE
- [ ] VALUABLES / MONEY - LEAVE AT HOME
- [ ] LOCATION OF UNIT / TELEPHONE NO.
- [ ] HYGIENE / CLOTHING / EQUIPMENT (CHUTES, SLING, BRA)
- [ ] PARKING GARAGE AVAILABLE
- [ ] ADVANCE DIRECTIVES
- [ ] OTHER
- [ ] PHARYNGITIS MEDICATIONS (IF ORDERED)
- [ ] OTHER

### SPECIFIC PRE PROCEDURE INSTRUCTIONS

- [ ] NO ASPIRIN BEFORE SURGERY
- [ ] PATIENT INSTRUCTED TO TAKE DAILY MEDICATION WITH SPOOF WATER, DIABETIC INSTRUCTIONS
- [ ] INSTRUCT TO BRING RED & WHITE BRACELET IF APPLICABLE
- [ ] BRING INFORMATIONAL PACKET TO HOSPITAL IF APPLICABLE
- [ ] CONTACT YOUR MD OR DEPARTMENT IF SICK OR UNABLE TO KEEP APPOINTMENT
- [ ] NPO AFTER MIDNIGHT
- [ ] IF ANY QUESTIONS ISBN THE EVENING BEFORE SURGERY, CALL THE AT AM
- [ ] PERSON PROVIDING RIDE HOME
- [ ] PHONE NO. WHERE THEY CAN BE REACHED

**COMMENTS**

**SIGNATURE OF RN**

**DATE**

## N/A - SAME DAY ADMISSION

**POST PROCEDURE FOLLOW UP CALL**

**DATE**

**PHYSICIAN / ANESTHESIOLOGIST NAME**

**PROCEDURE**

- [ ] YES
- [ ] NO
- [ ] NIA
- [ ] NA

<table>
<thead>
<tr>
<th>N/A BLEEDING</th>
<th>N/A TARRY STOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A COLDS</td>
<td>N/A COUGH / DIFFICULTY SWALLOWING</td>
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<tr>
<td>N/A CHEST PAIN</td>
<td>N/A CHEST PAIN</td>
</tr>
<tr>
<td>N/A MUSCLE ACHES / CRAMPS</td>
<td>N/A MUSCLE ACHES / CRAMPS</td>
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<tr>
<td>N/A PAID / NIA</td>
<td>N/A PAIN / PAIN SCORE (0-10)</td>
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<tr>
<td>N/A NUMBERS / TINGLING</td>
<td>N/A NUMBERS / TINGLING</td>
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<tr>
<td>N/A TROUBLE WITH PAIN MEDS</td>
<td>N/A TROUBLE WITH PAIN MEDS</td>
</tr>
<tr>
<td>N/A URINARY FREQUENCY / BURNING</td>
<td>N/A URINARY FREQUENCY / BURNING</td>
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<tr>
<td>N/A BLOATING / GAS / REFLUX</td>
<td>N/A BLOATING / GAS / REFLUX</td>
</tr>
<tr>
<td>N/A MAJOR SICKNESS</td>
<td>N/A MAJOR SICKNESS</td>
</tr>
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**APPETITE**

- [ ] GOOD
- [ ] FAIR
- [ ] POOR

### FOLLOW-UP APPOINTMENT ARRANGED

- [ ] YES
- [ ] NO

**HOW SATISFIED WERE YOU WITH DISCHARGE INSTRUCTIONS GIVEN TO YOU FOR THE FOLLOWING:**

**A. TREATMENTS / ACTIVITY**

- [ ] VERY SATISFIED
- [ ] SOMEWHAT SATISFIED
- [ ] NOT SATISFIED

**B. MEDICATIONS**

- [ ] VERY SATISFIED
- [ ] SOMEWHAT SATISFIED
- [ ] NOT SATISFIED

**C. WHO TO CALL FOR PROBLEMS / QUESTIONS**

- [ ] VERY SATISFIED
- [ ] SOMEWHAT SATISFIED
- [ ] NOT SATISFIED

**PLEASE EXPLAIN WHY NOT COMPLETELY SATISFIED**

**COMMENTS**

**SIGNATURE OF RN**

**DATE**

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(D4/01)