



Pre-operative/Pre-procedure

INFORMATION FOR ADULT PATIENTS

PLEASE READ PRIOR TO YOUR DAY OF SURGERY AT:

Norman Regional Hospital • 405-307-1250
Norman Regional HealthPlex • 405-515-1250



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To Our Patients:

At Norman Regional Health System, we conduct "Bedside Shift Report" to keep you better informed about your plan of care, medications, tests and progress while you are in our care. This involves your nurses conducting bedside reporting in your presence at each shift change. We do this to ensure accurate communication of all important information about your care and to introduce the nurse who will next be caring for you.

In the events that you have visitors in your room at the time of Bedside Shift Report, or any time you feel uncomfortable about any information being discussed, please let your nurse know and other arrangements will be made. Your nurse will ask you, generally at admission, if you would like to be awakened for the Bedside Shift Report during your stay. If you choose not to be awakened, the nurses will quietly evaluate your status and any treatment equipment, and will give the verbal part of the report elsewhere to permit your continued rest.

We know Bedside Shift Report will benefit you by keeping you better informed of your condition, your plan of care, new medications and any educational information about your discharge preparations. It also allows us to continue to maintain the high quality of care that you expect as a patient at Norman Regional Health System.



Nancy A. Brown, RN, BSN, MNSc
Vice President of Clinical Operations/Chief Nursing Officer

Pre-operative Instructions

Thank you for choosing Norman Regional Health System for your surgery. It is our privilege to serve you.

Your surgery is scheduled on _____ (date) at:

- Norman Regional / 405-307-1250
- HealthPlex / 405-515-1250

I. TIME OF ARRIVAL

You will receive a call from Same Day Surgery (SDS) the day before your procedure/surgery between 2 p.m. and 5 p.m. to notify you of your arrival time. If you prefer, you may call SDS at the number above on the business day before your procedure between 2 p.m. and 5 p.m. Please note that if surgery is on a Monday or following a holiday you will be called the previous business day.

Please arrive at Same Day Surgery at _____ (time).

II. IN PREPARATION FOR YOUR PROCEDURE:

What to eat and drink:

- Nothing to eat or drink 8 hours before surgery
- Nothing to eat or drink after midnight the night before.
- Medications: We will need an accurate list of all your medications. Please bring your prescribed medications with you in the prescription bottles unless otherwise instructed.

Take the following medications on the day of surgery:

Hold the following medications: _____

III. THINGS TO DO

1. Before surgery, review and/or perform any necessary diagnostic tests. Provide medical clearance for the surgical procedure (if needed).
2. Unless you are told otherwise, continue to take medications already prescribed by your own physician.
 - Fishoil should be discontinued 10 days prior to surgery.
 - Nutritional supplements(vitamins, minerals, iron, calcium) should be discontinued 7 days prior to surgery.
3. You may brush your teeth or gargle on the day of surgery, but do not swallow anything. No gum, mints, or chewing tobacco on the morning of surgery.
4. Notify the doctor of any changes in your physical condition. (example) fever, cold, flu symptoms, rashes or sores.
5. Bathe or Shower the night before and the morning of your procedure using hibiclens soap provided by the pre-op nurse, This is to be used from your neck down. Be careful not to get it in your eyes or genital area. Do not shave 48 hours before your surgery. If the surgical site needs to be shaved we will do it. This will prevent nicks or cuts that can lead to infections.
6. If you would like further information on preparation for surgery you may visit this web site: <http://www.lifelinetomodernmedicine.com/Anesthesia-Topics.aspx>

WHEN YOU COME TO THE HOSPITAL

A checklist for an inpatient stay

Mark all that apply:

- A legal picture identification (driver's license)
- Your hospitalization insurance card
- X-ray or laboratory reports (if instructed by the staff)
- A Cane, if you use one, for your therapist to evaluate
- Your completed Health Care Proxy form/Advanced Directive
- Paperwork, including consent forms, sent to you by surgeon. Also bring a list of your current medications with dosages, and medical information from your physician.
- The Total Joint Manual
- Non-slip, flat, supportive athletic or walking shoes (low heeled shoes)
- A pair of pajamas or short nightgown and a short, lightweight bathrobe (shorter clothing can prevent trips and falls). Loose comfortable clothes that are easy to change.
- Personal toiletries
- A book, magazine, or hobby item to occupy time
- If you use a CPAP or Bipap machine at home, bring your machine to use during your stay.
- Eyeglasses, not contact lenses
- Dentures, If they fit well you might be able to leave in during surgery.

Please Do Not Bring

- Valuables (except those mentioned above)
- Jewelry

IV. AFTER THE PROCEDURE:

IMPORTANT POLICY:

- A. Please arrange for an adult (family or friend) to drive you home. No patient having anesthesia or sedation is permitted to drive. Per hospital policy we will not be allowed to discharge you to a taxi. For your safety, it is recommended that a responsible adult stay with you for 24 hours after your surgery and anesthesia.

- B. Do not take any medications that have not been prescribed for you or approved by your doctor.
- C. Do not drive a car or plan to make any important decisions for 24 hours after anesthesia. Ask your doctor when you may return to school or work.

The Same Day Surgery nursing staff is dedicated to helping you have the best surgical experience possible. Please do not hesitate to ask any questions you may have or otherwise let us know how we can be of assistance.

Questions & Answers

I. CAN HERBAL SUPPLEMENTS, VITAMINS OR OVER THE COUNTER MEDICATION AFFECT MY SURGERY?

Herbal supplements can cause a change in how your body will react during your surgery/anesthesia. Anyone having surgery should provide a list of all their medications including herbal and vitamin supplements to their physician and their admission nurse.

The following herbal medications, supplements, and vitamin E should be stopped at least two weeks before your surgery. This allows enough time for the effects of the herbs to leave your body. Please notify your doctor if you are taking any of the following herbs:

Ephedra Phentermine: may interact with antidepressants or antihypertensives to cause increase in blood pressure or heart rate

Please let your doctor or anesthesiologist know if you have taken any of these medicines up until the time of your surgery so they can make any necessary adjustments.

II. WHAT HAPPENS BEFORE THE SURGERY?

Before your operation, blood tests, x-rays, and an electrocardiogram (EKG) may be ordered. On the day of surgery, do not eat or drink anything. Some medications, as directed by your doctor, may be the exception.

You first will have your IV started. The IV will be used to give you fluids before, during and after surgery. It will also be used to give anesthetic drugs and other medications. After your IV is started, you will be taken to the Operating Room and moved onto an Operating Room table.

You will be connected to monitors that will allow continuous observation of your vital signs before, during, and after immediately after surgery. Your anesthesiologist or nurse anesthetist will be watching these monitors, and will stay with you at all times during your surgery.

III. ANESTHESIA

WHAT IS ANESTHESIA?

Anesthesia is a state of freedom from pain. There are many safe anesthetics available. The anesthetic or combination of anesthetics are selected after the anesthesia provider considers the needs of the patient and the type of surgery. Some anesthetics are given as a gas and some are injected directly into the skin or nerves.

WHO GIVES ANESTHESIA?

Anesthesiologist: A doctor specializing in the use of medications which put people to sleep during surgery.

C.R.N.A. (Certified Registered Nurse Anesthetist):

An advance practice registered nurse trained to give anesthetics, supervised by an Anesthesiologist.

Your anesthesia provider will see you before your surgery and will decide upon a plan for the type of anesthesia that will be best for you.

WHAT KINDS OF ANESTHESIA ARE THERE?

1. **General Anesthesia:** Anesthetic medications are given to you through an intravenous line or an anesthesia mask, creating a state of reversible unconsciousness, so that you will not feel, see or hear anything during your surgery.
2. **Regional Anesthesia:** Regional anesthesia produces numbness with the injection of local anesthesia around nerves in the area of the body corresponding to your surgery. Epidural or spinal blocks numb the abdomen and both legs. Other nerve blocks are used for the nerves of the arms or legs to numb individual limbs. Medications are usually given with the regional anesthesia to make you comfortable, drowsy and to blur your memory. The numbness lasts from two to four hours (or longer), and often the legs cannot move during this time. Normal feelings return in a few hours.
3. **Monitored Anesthesia Care (MAC):** With MAC, your anesthesiologist administers pain medication and sedatives through your intravenous line. The surgeon or anesthesiologist also inject a local anesthetic into the skin, which provides pain control during and after the procedure. While sedated, your anesthesiologist will monitor your status closely.
4. **Local Anesthesia:** Local anesthetics are injected by the surgeon to provide numbness at the surgical site. If only local anesthesia is given, there may be no anesthesia provider with you.

IV. WHAT HAPPENS IN RECOVERY?

After surgery you will be taken to the Post Anesthesia Care Unit (PACU). The nurses in PACU are specially trained to care for patients who are awakening from anesthesia. You will receive medications to keep you comfortable and let you rest. When you meet discharge criteria and are stable, you will be taken to an assigned room in the hospital or transferred back to Same Day Surgery.

V. HOW WE WILL SAFELY CONTROL YOUR PAIN

Your pain is whatever you say it is. Pain can affect how well you eat and sleep, and can affect the healing process. Our goal is to help keep you as comfortable as possible so you can focus on healing. The nursing staff at Norman Regional Hospital will frequently ask you about your pain, and will assess your level of sedation. Please do not wait for your nurse to ask. Tell the nurse right away if you start having pain that you feel needs to be treated.

Physicians and nurses will most often ask you to rate your pain by using the zero to 10 pain scale. Zero on the scale means you are having no pain, while ten on the scale equals the worst pain you have ever had. There are other ways to assess pain, including a "faces" scale. The staff will work with you to determine which method works best for you. After pain medication or relaxation technique the nurses will ask you to re-evaluate your pain. This will help determine if the medicine or other treatment is working for you.

Certain pain medications can affect your breathing. The nurses will closely monitor your sedation level. The amount of sedation will determine which pain management technique will be most appropriate for you.

VI. WHAT IS THE CHARGE?

Please call the Patient Billing Office at 405-307-1318 for answers to your questions related to charges.

Miscellaneous Information

HOSPITALITY HOUSE

The Hospitality House offers affordable overnight accommodations for out of town families. It is located at the Norman Regional Hospital campus

on Rich Street, directly across from the south entry. Contact the Volunteer Services office at 405-307-6691 for information or to reserve a room. If you prefer, you may go directly to the Hospitality House for reservations. If you stay the night prior to your surgery, please notify the Same Day Surgery Unit so we will know where to reach you should there be any changes in the surgery schedule.

NICOTINE

The use of nicotine products (ie. Cigarettes, cigars, gum, patches, electronic cig, or chewing tobacco has been shown to increase risk of complications following surgery. Tobacco can decreased bloodflow to the surgical site and cause increase in blood clots. Stop tobacco at least 12 hours before surgery. This is a tobacco free hospital.

SMOKING CESSATION

Quit Smart, tobacco cessation classes are available through Norman Regional Hospital. To enroll and for program costs, please call the Community Health Education Services of NRH 405-307-1776. For more information please ask a staff person for a brochure on Smoking and Heart Disease.

SPEAK UP

Speak up if you have questions or concerns, and if you don't understand, ask again. You are the center of the health care team. Norman Regional Health System is committed to reducing health care errors in our organization. If your have concerns about your safety, you are encouraged to share your concerns by calling the patient care hotline at 405-307-7899.

MEDICAL INTERVENTION TEAM (M.I.T.)

The purpose of M.I.T. Is to prevent patients from progressing to a cardiac/respiratory arrest by clinically intervening in the absence of a physician. M.I.T. Is a 2008 Joint Commission National Patients Safety Goal to be fully implemented by January 1, 2009. The

M.I.T. Consists of a Registered Nurse and Respiratory Therapist and is available 24/7.

When should someone call M.I.T.? When there are concerns about a change in the patient's condition or perception of change by the staff, the family, and/or patient. When acute changes occur in the patient's heart rate, blood pressure, or respiratory rate. Or when an acute change in the level of consciousness and acute change in oxygen saturation occur. M.I.T. May also be used for anyone within the hospital. Anyone can call the M.I.T Dial 88 for the operator: Ask for the M.I.T. And state the room number of location.

IT'S OK TO ASK

Proper Hygiene- it's everyone's responsibility and one the Health system takes seriously. Soap and water and waterless alcohol hand rubs are extremely effective at reducing the number of germs present on the skin. Washing with an alcohol hand rub should be done by everyone when entering your room or administering care. It should also be done upon leaving your room. If they have touched you or any object in the room. In addition, soap and water may be used when hands are visibly dirty, when hands are soiled with blood or other bodily fluids, after leaving a restroom and before and after eating.

Three step waterless procedure:1. Apply one pump alcohol hand rub or foam. 2. spread hand rub or foam thoroughly over hands. 3. rub hands together until dry. Proper Hand Washing Procedure:1. Wet hands with water. 2. Apply one pump soap. 3. Lather and wash for at least 15 seconds. 4. Rinse both sides of hands with water. 5. Dry hands and shut faucet off with towel. Everyone caring for you should clean his or her hands. If you don't see the doctor, nurse, or other health care provider clean their hands with soap/water or waterless alcohol hand rub, remember, it's OK to ask.

CONTACT ISOLATION

Notify the nurse and or Surgeon if you have a history of MRSA/VRE or any other wound infections.

RESPIRATORY HYGIENE/COUGH ETIQUETTE IN THE HOSPITAL

To prevent the transmission of all respiratory infections at NRHS, the following measures have been implemented for you and your family's health.

- Visual alerts are placed throughout the facility instructing patients and family/friends to inform healthcare personnel of symptoms of a respiratory infection. These alerts emphasize covering nose/mouth when sneezing/coughing to prevent the spread of disease.
- Use tissue to contain secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (wash with alcohol-based hand rub, soap and water, etc.) after having contact with respiratory secretions and contaminated objects/materials.
- The hospital provides tissues and no-touch receptacles for used tissue disposal.
- Masks are available to persons who are coughing.
- If possible, have persons with a cough sit 3 feet away from you and others.

National Patient Safety Goals (NPSG)

The National Patient Safety Goals program focuses on patient safety within health care and is designed to stimulate organizational improvement activities for several of the most pressing patient safety issues that all organizations are struggling to manage effectively. This program is an important component of The Joint Commission's overall efforts to improve health care in our country. Some of the safety goals follow:

I. IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Patient Identification

Staff will identify you before procedures are performed

or medications given. The staff will identify you by checking your name and identification number on your arm band, and will continue to frequently check your armband. It isn't that we don't remember you; we just want to ensure we are doing the correct thing to the correct patient.

Eliminating Transfusion Errors

Blood transfusions require a 2 person check at the bedside, involving the patient if possible.

II. IMPROVE COMMUNICATION AMONG CAREGIVERS

Timely Reporting Of Critical Tests And Critical Results
Critical test results are communicated in a timely manner to the physician, and documented in the patient record.

III. UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, AND WRONG PERSON SURGERY

Conduct A Pre-Procedure Verification Process

You will be asked certain questions several times by different people to ensure your safety. For example, before your surgery, several perioperative staff members will ask you to verify what procedure you are having as well as the specific surgical site planned.

Mark Your Surgical Site

Before your procedure, the doctor will confirm with you the correct surgical site, and will mark "YES" on the correct site in cases of laterality (right / left) or multiple sites (eyes, ears, fingers, toes, etc.).

Perform A "Time-Out"

Before your procedure, a time-out is conducted. A time-out is active communication with all the members of your surgical or procedure team, verifying correct patient, correct site, correct procedure, correct equipment, informed consent done, prophylactic antibiotics given at the correct time prior to incision. Time-outs are documented in the patient record. Also see handouts in packet for additional information

Additional Information

Additional information can be found on these sites:

American Society of Anesthesiology - Patient information regarding anesthesia, including use of herbal medications and obstructive sleep apnea:
www.asahq.org/patientEducation

www.jointcommission.org/PatientSafety/SpeakUp

[www.jointcommission.org/Patient Safety/
NationalPatientSafetyGoals](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals)

Directions and Maps

NORMAN REGIONAL (PORTER CAMPUS)

901 N. Porter, Norman, OK 73071 • 405-307-1000

SAME DAY SURGERY • 405-307-1250

Same Day Surgery is located on the NE side of the hospital on N. Findlay Ave.

From Porter & Robinson St. go East to N. Findlay St., turn right. (2nd big Parking lot on Right)

Registration for Preadmission is on the Entrance Level

Same Day Surgery is located on the 1st floor – Take Elevator H to 1st floor, turn left

Directions from Oklahoma City:

From I-35 S, at Exit 113 take ramp left and follow signs for US 77 S to Robinson St. turn left then Right onto Porter

HEALTHPLEX

3300 HealthPlex Parkway, Norman, OK 73072 • 405-515-1000

SAME DAY SURGERY • 405-515-1250

Same Day Surgery is located on the Northeast side of the hospital, Parking Lot with 3 Flags

Registration for Preadmission is on the First Floor

Same Day Surgery is located on the 2nd Floor (Tower Elevators to 2nd Floor, turn left down the hallway and check in at the Reception Desk)

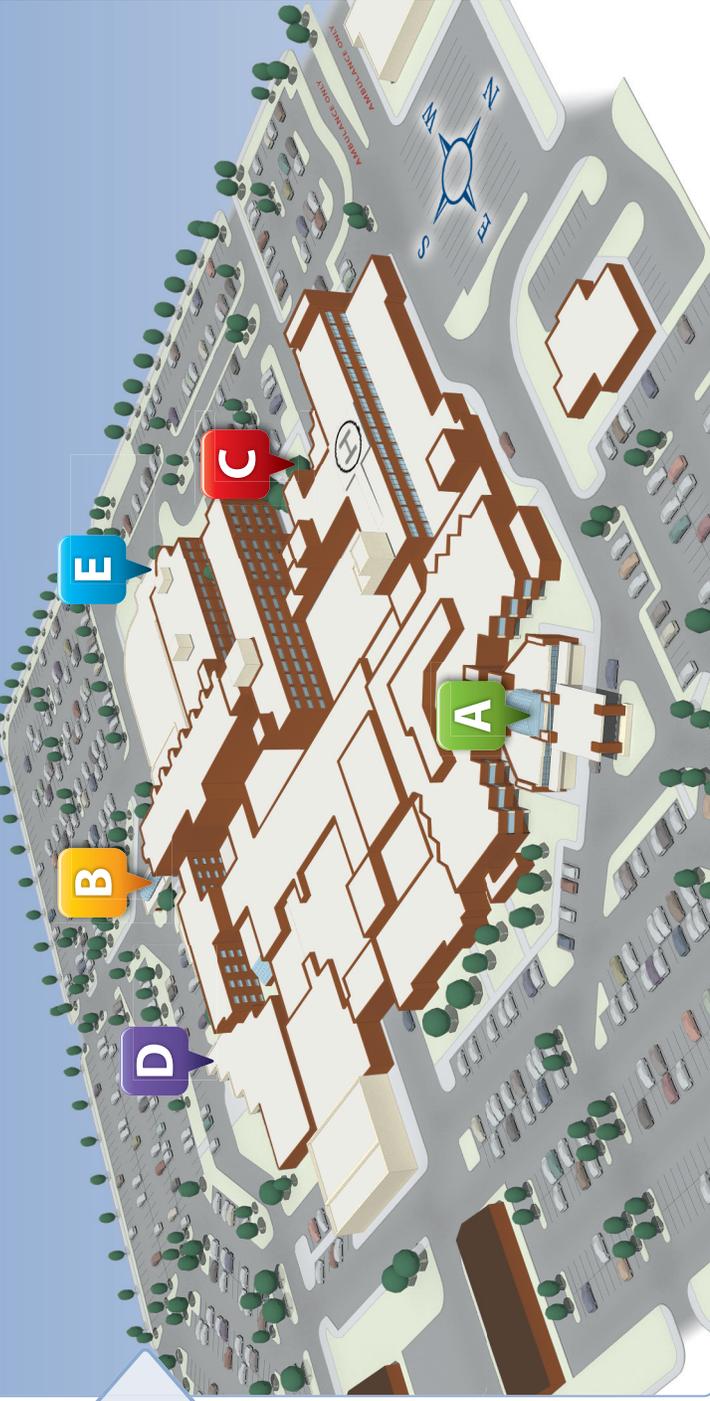
Directions from Oklahoma City:

From I-35 Southbound, Take Exit 112 (Tecumseh) Right onto W Tecumseh to Healthplex Parkway on left

Directions from Norman:

From I-35N toward Oklahoma City, Take Exit 112 (Tecumseh Rd) follow ramp and Turn Right onto Tecumseh to Healthplex Parkway on left

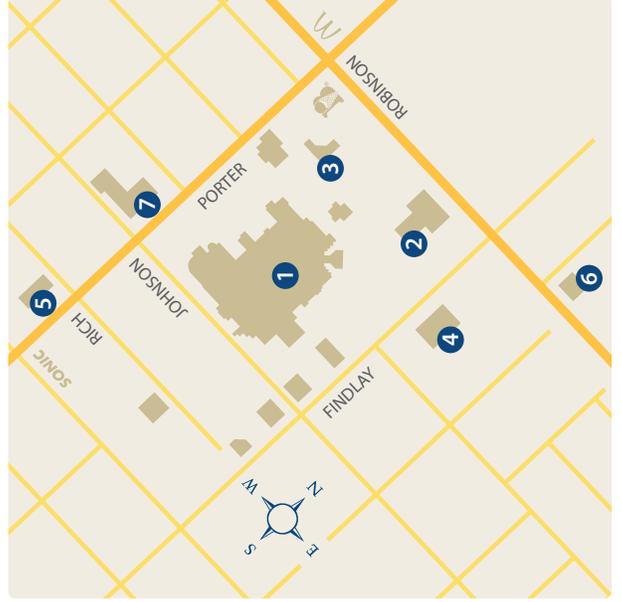
NORMAN REGIONAL HOSPITAL ENTRANCES



Porter Campus

NORMAN, OKLAHOMA

- 1** Norman Regional Hospital (Pictured Above)
901 N. Porter Avenue
- 2** Doctor's Park
500 E. Robinson Street
- 3** Norman Medical Plaza
1125 N. Porter Avenue
- 4** Findlay Medical Plaza
809 N. Findlay Avenue
- 5** Home Medical Equipment
718 N. Porter Avenue, Suite 100
- 6** Robinson Medical Plaza
701 E. Robinson
- 7** Physicians & Surgeons Building
900 N. Porter Avenue



A - Northeast Entrance

- Floor 1
 - Endoscopy
 - Information Desk
 - Surgery Waiting
 - Vascular Access
- Floor 2
(Ground Level)
 - Breast Care Center
 - Diagnostic Imaging / Lab
 - Information Desk
 - Registration
- Floor 3
 - Cancer Resource Center
 - Oncology
 - Outpatient Infusion Center
 - Palliative Care
 - Patient Rooms 3501-3518
 - Patient Rooms 3915-3942
 - Surgical Telemetry Care Unit
- Floor 4
 - Red Rock Behavioral Health

B - South Entrance

- Floor 1
(Ground Level)
 - Administration
 - Cashier
 - Chapel
 - Education Center
 - Film Check Out
 - Gift Shop
 - Information Desk
 - Medical Records
- Floor 2
 - Cafeteria
 - Intensive Care Unit
 - Patient Rooms 2201-2221
- Floor 3
 - 3 North
 - Patient Rooms 3071-3089
 - Patient Rooms 3201-3225
 - Patient Rooms 3801-3826
 - Progressive Care Unit
 - Rehabilitation Center
- Floor 4
 - 4 North
 - Patient Rooms 4071-4103
- Floor 5
 - 5 North
 - Behavioral Medicine
 - Patient Rooms 5071-5103

C - Emergency Entrance

- Floor 2
(Ground Level)
 - EMERGENCY

D - Cancer Management Entrance

- Floor 1
(Ground Level)
 - Cancer Management Center

E - Education Center Entrance

- Floor 1
(Ground Level)
 - Education Center
 - Jimerson Auditorium

A - Main Entrance

Access via tower elevators

- Floor G Cafeteria / Vending
- Floor G Administration
- Floor 1 Chest Pain Center
- Coffee Shop / Daily Grind
- Diagnostic Imaging
- EMERGENCY
- Gift Shop / Giving Tree
- Information Desk
- Laboratory Services
- Registration / Check In
- Floor 2 Cath Lab
- Cath Lab Waiting Area
- Same Day Surgery
- Surgery Waiting Area
- Floor 3 Orthopedic & Spine
- Patient Rooms 3701 -3733
- Floor 4 Cardiovascular
- CVICU
- Norman Heart Hospital
- Patient Rooms 4701 -4733

B - Women's & Children's Pavilion

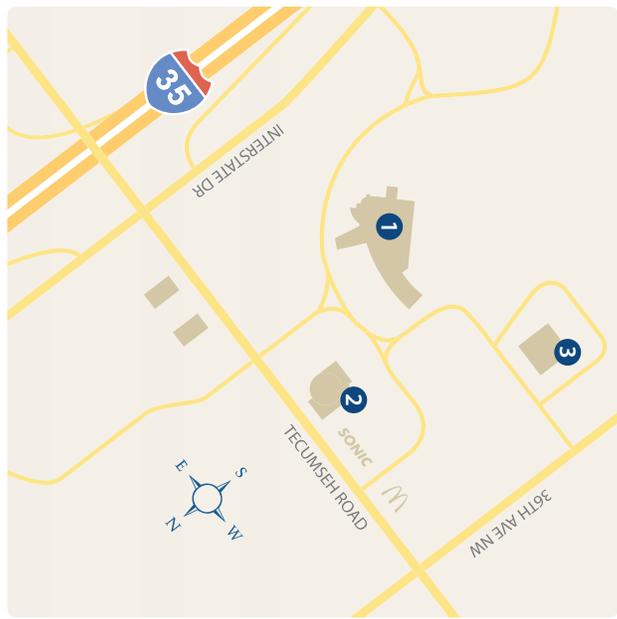
Access via Pavilion elevators

- Floor 1 Information Desk
- NICU
- Patient Rooms 1101-1122
- Registration
- Women's & Children's
- Floor 2 Labor & Delivery
- Patient Rooms 2101-2117
- Floor 3 Nursery
- Postpartum
- Patient Rooms 3101-3127

C - Emergency Entrance

- Floor 1 Chest Pain Center
- EMERGENCY

HEALTHPLEX HOSPITAL ENTRANCES



HealthPlex Campus

NORMAN, OKLAHOMA

- 1 HealthPlex Hospital (Pictured Above)**
3300 HealthPlex Parkway
- 2 West Norman Professional Building**
3400 W. Tecumseh Road
 - Diabetes Center
 - Endocrinology Associates
 - Family Medicine
 - Moore Care for Women
 - Moore Pediatrics/Internal Medicine
- 3 Heart Plaza**
3500 HealthPlex Parkway
 - Cardiac Rehabilitation
 - Norman Heart & Vascular Associates
 - Oklahoma Wound Center

Pre-Operative Cleansing Instructions

General Skin Cleansing Instructions for Bathing or Showers

Before you shower:

- Read the instructions given to you by your healthcare provider and begin your general skin cleansing protocol as directed.
- Carefully read all directions on the product label.
- Hibiclens is not to be used on the head or face; keep out of eyes, ears, and mouth.
- Hibiclens is not to be used in the genital area.
- Hibiclens should not be used if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation.

** See Hibiclens label for full product information and precautions.*

When you shower:

- If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Wash your face with your regular soap or water only.
- Thoroughly rinse your body with warm water from the neck down.
- With a clean washcloth, apply the minimum amount of Hibiclens necessary to cover the skin. You can apply Hibiclens directly to the skin and wash gently. Use Hibiclens as you would any other liquid soap; however Hibiclens will not lather like regular soap.
- Rinse thoroughly with warm water.
- Do not use your regular soap after applying and rinsing Hibiclens.

When using Hibiclens for a second day in a row:

- Shower again using Hibiclens in the same method as described above.
- Do not apply any lotions, deodorants, powders, or perfumes to the body areas that have been cleaned with Hibiclens.

Deep Vein Thrombosis and Pulmonary Embolism

PATIENT & FAMILY EDUCATION · ADMISSION

What is Deep Vein Thrombosis (DVT)?

Deep vein thrombosis (DVT) is a blood clot that forms in the deep, larger veins such as the leg, arm, or pelvis. Veins are vessels with valves that help prevent backward blood flow. Blood is pushed through the veins when the muscles in the arms and legs contract.

After periods of inactivity, deposits of red blood cells and clotting elements in the blood can build up in the vein. This build up can lead to a blood clot. Clots most often occur in the legs but can occur in other locations. As the clot grows, it blocks blood flow in the vein.

What is a Pulmonary Embolism (PE)?

If you have developed a DVT you are at a higher risk for developing a pulmonary embolism. The clot from a DVT can break away and travel to your lungs through the bloodstream. When this occurs the artery in your lungs becomes blocked by a blood clot forming a pulmonary embolism or PE.

What are the Causes?

Several factors may contribute to the development of clots:

- Slow blood flow, often due to lying or sitting for long periods of time
- Pooling of blood in a vein, due to:
 - Immobility
 - Medical conditions
 - Damage to valves in a vein or pressure on the valves, such as during
- Injury to a blood vessel
- Clotting problems which can occur due to age or disease
- Catheters placed in a vein

What are the Risk Factors?

- Personal or family history of DVT
- Surgery, especially those involving bones or joints
- Hospitalization
- Prolonged bed rest
- Prolonged sitting
- Obesity
- Pregnancy
- Smoking
- Genetic factors
- Medical Conditions
 - Blood disorders
 - Blood poisoning (sepsis)
 - Cancer
 - Heart attack
 - Heart failure
 - Inflammatory bowel disease
 - Varicose veins
- Medications
 - Birth control pills
 - Estrogen therapy
 - Antipsychotic medicines

- If ordered, wear compression stockings (TED Hose) to promote venous blood flow. These are tight elastic stockings that apply pressure to the lower legs. This can help keep the blood in the legs from clotting.
- Use the sequential compression device (SCD) placed at the foot of your bed. This device wraps around your calf and uses air to compress your legs and help improve venous blood flow.
- If prescribed by your doctor, take medication to reduce blood clots. Medications may include: heparin, lovenox, and/or warfarin.

IN HOSPITAL PREVENTION

Being in the hospital places you at risk for the development of a DVT or PE due to your illness, surgery and/or the fact that you may be less mobile than when you are at home. Here are some ways for you to help reduce your risk of developing a DVT or PE while in the hospital:

- Get out of bed and walk as soon as possible during your recovery.
- If you are restricted to bed rest:
 - Do range of motion exercises several times a day
 - > Foot pump – move each foot up and down like you are pressing on a gas pedal. Do this exercise 10 times with each foot every hour.
 - > Ankle Circles – move each ankle in a circle. Do 10 circles in one direction and 10 circles in the other direction. Do this exercise every hour with each ankle.
 - > Ankle Alphabet – use your ankle to write each letter of the alphabet with each foot. Do not use your leg. Do this exercise every hour with each ankle.
 - Change your position at least every two hours.

MRSA Colonization Education

What is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a germ, Staphylococcus aureus, which does not respond to some antibiotics. It is sometimes called a “super bug”. This means that the infection may be more difficult to treat.

MRSA colonization

MRSA colonization is MRSA that is without signs or symptoms of illness or infection. The most common areas for colonization are the nose, underarms, wounds that don’t heal, groin, feeding tubes, breathing tube sites, in sputum or in urine.

Who is at risk for MRSA?

Some people are at greater risk of having MRSA colonization or infection than others.

1. Patients in ICU
2. Patients who have been in the hospital for a long time
3. Those who are sick for a long time
4. People living in nursing homes, prisons, or other cramped spaces
5. People who are on dialysis
6. Illegal IV drug users
7. Patients with open draining sores, feeding tubes, breathing tubes, and central lines (an IV that is placed in the upper chest when IV access in the

arms is not possible) or urinary catheters (a tube in the bladder to drain urine) may be tested to rule out MRSA infection or colonization

8. Persons who participate in contact sports or use gym facilities

How do I know if I have MRSA colonization?

A swab of the inside of the nose can determine MRSA colonization. The swab is sent to the lab for testing. This testing takes about 24 hours to have results.

Why am I being tested for MRSA colonization?

If a person in the hospital is colonized with MRSA the germs can be spread to other patients. When hospital staff know a patient has MRSA, they can take special precautions to prevent it from spreading.

Will I be treated for MRSA colonization?

It will depend on your physician. In some situations you may be given a special bath with a product called chlorhexadine gluconate as well as medication applied to your nasal passages called mupirocin.

What are other terms for colonization?

Another term for colonization is carrier or reservoir.

1. Carriers are those colonized or infected with MRSA. Hand washing prevents the spread of germs.
2. Reservoirs are surfaces such as tables, light switches, and door knobs. These areas should be cleaned often to prevent the spread of germs.

Why am I in isolation?

All patients who have a positive test for MRSA are placed in isolation. Isolation is used to keep MRSA from spreading to other patients.

What is isolation?

Isolation alerts staff and visitors that special precautions are to be taken when entering the room to prevent the spread of germs. Outside the room there will be a sign and a cart with isolation supplies such as gloves, gowns, and mask. We do this to keep germs from spreading to others.

Am I contagious? Is my family at risk?

Touching infected or colonized parts of the body is how MRSA is spread. You can leave the germs on anything you touch if you do not clean your hands. You

may still touch family members as long as you remember that hands should be washed with soap and water for at least 15 seconds or cleaned with alcohol based cleaner often, and after touching wounds, dressings, using the toilet, coughing or blowing your nose.

Will I need to be in isolation at home?

At home, in most cases, you only need to use good hand washing. Healthy family members, who do not have open wounds, skin diseases, or diabetes, are not likely to get MRSA.

What is the difference between MRSA colonization and MRSA infection?

MRSA colonization is present in or on a body site without signs and symptoms of infection. MRSA infection is an infection of a body site with signs and symptoms of infection.

Signs and symptoms of MRSA infection:

1. Fever
2. Sores that are not getting better
3. Sores that are draining
4. Heat in the area of the sore
5. Pain
6. It may start out looking like an insect bite, spider bite or pimple. You can also get MRSA in the form of pneumonia (in your lungs), urinary tract infection (in your bladder or kidneys), surgery site infection, or blood infection.

Treatment of MRSA infection:

Treatment for MRSA infection will be directed by your physician or healthcare provider.

Visitors:

Please wash your hands or use alcohol based cleaner before leaving the isolation room.

How do I stop the spread of MRSA?

1. Wash hands with soap and water or alcohol based hand rubs often. Insist that others wash often, especially those caring for you.
2. Keep wounds and sores covered with clean, dry bandages. Soiled dressings should be placed in a plastic bag and placed in the regular trash.
3. Do not share personal items: razors, towels, washcloths, clothing or uniforms.

4. Wash soiled linen and clothes with hot water and laundry soap. Dry in a hot dryer, rather than air-drying.
5. Avoid skin-to-skin contact until any sores are healed.
6. See your doctor if you think you have a skin infection and follow his/her instructions on care and treatment. Take all medications as prescribed.
7. Tell your healthcare provider if you have had an MRSA infection or colonization in the past.

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

CATHETER INSERTION

- Catheters are put in only when necessary and they are removed as soon as possible.

FAQ about Catheter-Associated Urinary Tract Infection

Most surgical patients should expect catheter to be removed no later than 2 days following surgery.

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

- Only properly trained persons insert catheters using sterile (“clean”) technique.
- The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- Other methods to drain the urine are sometimes used, such as
 - External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
 - Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

CATHETER CARE

- Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- The catheter is secured to the leg to prevent pulling on the catheter.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter- associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

Be Smoke-Free for Surgery

WHY YOU SHOULD STOP SMOKING FOR YOUR SURGERY AND HOW YOU CAN GET HELP

Anesthesiologists care about your health!

We are the American Society of Anesthesiologists, a medical association dedicated to improving your health before, during and after surgery.

Smokers require special care when undergoing anesthesia for surgery, because smoking increases the risks of problems. As a commitment to patient safety, the ASA wants to help you or your loved one quit smoking for good!

WHY DO ANESTHESIOLOGISTS RECOMMEND THAT YOU STOP SMOKING BEFORE AND AFTER SURGERY?

Reason 1: Within 12 hours of quitting, your heart and lungs start working better. The nicotine and carbon monoxide levels in your body get lower, improving blood flow and reducing the chances of problems.

Reason 2: Quitting smoking helps you get better faster. Some problems, such as your surgical incision getting infected after surgery, can be avoided if you stop smoking now.

SURGERY IS ALSO A GREAT TIME TO QUIT SMOKING FOR GOOD. WHY?

Reason 1: Sometimes surgery will make you think about your health and how to make it better. Quitting smoking is one of the best ways to improve your health.

Reason 2: Because there are so many other things to think about, most people are free from cigarette cravings around the time of surgery.

Reason 3: In many cases, your surgery will keep you in the hospital for a few days. Hospitals are smoke-free, which gives you a great start on kicking the habit.

Reason 4: Quitting for good immediately adds years to your life. It reduces your risk for lung cancer, emphysema and heart disease. Quitting smoking also benefits your loved ones by keeping them from the dangers of your second hand smoke.

Reason 5: Free help is available, including medication to help you quit! Through a tobacco quitline, trained specialists provide advice and a plan just for you to help you quit. Call the free number today at 1-800-QUIT-NOW.

A FREE SERVICE TO HELP YOU QUIT!

What does a quitline do?

Tobacco quitlines use trained specialists to help you quit smoking. If you have already quit, they can help you stay off cigarettes.

How do they provide this help?

They support you by listening and offering advice. The quitline specialist will take the time to understand your situation and make a plan that is right for you. They will talk with you about what you have tried in the past and ask some other questions about your lifestyle. If you are having difficulty quitting, your specialist will work to get you back on track. If you have already quit, they can help you plan how to stay off cigarettes.

When should I call?

Call any time. But don't delay – the sooner you quit smoking for good, the longer you will extend your life.

What will happen when I call?

Your first call will be to schedule an appointment with your specialist. The first session will last about 45 minutes with calls after that lasting about 10-15 minutes. The number of sessions is determined by you and the specialist together, but most people find four to five calls are enough. The same quitline specialist works with you for all sessions. If at any time you decide to stop using the quitline, just tell them and they will not call again.

Can a quitline provide medications to help me quit?

Many tobacco quitlines can arrange to have certain medications delivered free of charge. Some examples include nicotine patches, gum and lozenges. The specialist can also tell you about medications that are available without a prescription at your local drugstore.

What about my privacy?

All calls into the quitline are confidential. No information is shared unless you choose to do so. Call this free number 1-800-QUIT-NOW (1-800-784-8669) today to be connected with your local tobacco quitline.

For more information about stopping smoking before surgery, visit the American Society of Anesthesiologists Web site at www.asahq.org/stopsmoking



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