Dear Patient,

This packet of information has been given to you prior to your procedure so that you can fill out the necessary forms before you come to El Camino Hospital.

A representative from the Patient Registration department may be calling you regarding a co-payment of insurance or cash account deposit (if any). Bring only that amount of money or method of payment with you to the hospital. Do not bring extra money or unnecessary credit cards.

Please read and complete the following forms and bring them to the hospital at the time of your procedure.

- Pre-Admission Record – No need to pre-register, as stated on this form
- Hospital Conditions of Admission
- Patient Admission Information (please complete prior to arriving at hospital)

Please register at Patient Registration in the Old Main Lobby 90 minutes prior to the procedure time; 6:30 a.m. if your case is scheduled for 7:30 a.m. When hospital registration is completed you will be directed to the Endoscopy Center.

Other information in this packet to be read prior to registration includes:

- Maps of the hospital and parking
- Your Hospital Stay booklet includes important information for you to read:
  - Patient’s Rights
  - Advance Health Care Directives
- Introduction to Endoscopy (please read prior to arriving at the hospital)
- Other Information: Welcome, Visitors / Patient Safety / Tips for Preventing Falls at Home / Steps to Safety / Hand Hygiene / Cover Your Cough / Anesthesia Consultants Inc. / Blood Transfusions / RoadRunners / Lifeline
- An Important Message from Medicare

DO bring your insurance card and photo identification.

Please DO NOT bring cash (other than your co-payment), jewelry, credit cards, or anything else of value to the hospital.

You must have someone to drive you home. If you don’t, prior to the day of your procedure, you may contact El Camino Hospital Transportation (RoadRunners) at 650-940-7016 to make transportation arrangements. (Please note that RoadRunners provides transportation within an 8 to 10-mile radius of the El Camino Hospital campuses.)

Other than the forms in this packet required by the hospital you will receive at least one form from your doctor’s office regarding the preparation instructions for your procedure. There may also be other forms from the doctor’s office.

If you have any questions regarding the preparation instructions for your procedure please contact your doctor’s office. If you have any other questions, please contact the Endoscopy Center M-F 6:00 a.m. to 3:30 p.m. at 650-988-8351.

Thank you.
Introduction to endoscopy

Welcome to El Camino Hospital’s endoscopy unit
These pages present general information for both upper and lower procedures. Examples of upper procedures include endoscopy (upper esophagastroduodenoscopy), EUS (upper endoscopic ultrasound), enteroscopy, ERCP (endoscopic retrograde cholangiopancreatography), bronchoscopy and TEE (transesophageal echocardiogram). Examples of lower procedures are sigmoidoscopy, small bowel enteroscopy, colonoscopy and lower EUS (endoscopic ultrasound).

On arrival, you will meet with the patient registrar, then the admitting nurse, then the pre-procedure nurse in the changing area. After the procedure is completed, there is a recovery period prior to discharge.

Procedures are scheduled every hour because that is the average time it takes to complete a case. Sometimes the cases scheduled before your procedure will take less time and your doctor is ready for you earlier. Sometimes prior cases will take longer than one hour and will delay the start of your case. Your procedure will occur as close to the scheduled time as possible. Recovery and discharge usually take 30-45 minutes but it can be different for each person and type of procedure. On the average, your stay will be 3 hours from arrival until discharge.

Patient registrar — main lobby of Old Main
Please register at patient registration in the main lobby of the Old Main 90 minutes prior to the procedure time (6:30 a.m. if your case is scheduled for 7:30 a.m.). When hospital registration is completed, you will be directed to the endoscopy center.

Admitting nurse
When you arrive in the endoscopy center, check in with the admitting nurse. Give the nurse the papers and labels you received from patient registration, then have a seat. When the admitting nurse calls you into the interview room, you will be asked who will be taking you home. **You must have a ride home.**

“No ride, no procedure.” Your driver doesn’t need to stay while you are having your procedure but must leave a telephone number to be called to pick you up at the appropriate time. If you are using a ride service, only RoadRunners (650-940-7016) or Outreach (650-988-9852) can be used. A taxicab or a limousine cannot be used. (Please note: RoadRunners provides transportation within an 8 to 10-mile radius of the El Camino Hospital campuses.)

The nurse will take your vital signs and review and complete procedural paperwork with you. The nurse will have you sign a consent form for your procedure. She will enter information into your electronic medical record. The admitting nurse will confirm that you have read and understand the pre-procedure educational information along with the patient safety information contained in your packet. If you have any questions please ask the admitting nurse.

Prior to lower procedures, you should have had clear liquids and a **cleansing preparation.** Prior to upper procedures, you should not have had anything to eat or drink since 12 midnight, unless you are having both procedures and were finishing your cleansing preparation or were instructed to take medications. Please notify the admitting nurse of any food, drink, or medications you have taken today.

Continued on next page
Introduction to endoscopy (cont’d)

Changing area
The admitting nurse will show you to a cubicle to change into a gown, which needs to be worn open at the back.

Family members, your driver, or anyone with you may be asked to stay in the waiting room.

No more than one person will be allowed in the pre-procedure area.

For upper procedures, full or partial dentures, or anything removable in the mouth will need to be removed prior to the procedure.

For all procedures, all clothes are to be removed except for socks.

There are bags for your belongings. Put shoes in the small bag. The small bag and all other belongings are placed in the larger bag. There is a blanket to cover up with when you lie down on the gurney. All jewelry will need to be removed or taped in place. Glasses are removed.

A pre-procedure nurse will insert your IV and give you a call button to press if you need anything while waiting for your procedure.

There is a restroom immediately inside the pre-procedure area for your use. After your IV has been inserted, the nurse can put it on a rolling pole that can be pushed to and from the restroom.

Sedation vs. anesthesia
The IV will be plain solution without medications, until the procedure is ready to start in the procedure room and you’ve spoken with your doctor. The medication is given into the IV tubing and will start working within minutes. Most procedures are done with sedation given by the procedure nurse. When sedation is used, the goal is for you to be comfortable throughout the procedure. All sedated patients receive a small amount of medication to start. With sedation you will feel drowsy and relaxed. Most patients go to sleep; you may try to stay awake to watch. Some patients do stay awake, watch, and are comfortable.

You don’t have to be asleep. The important thing is to be comfortable. If you get uncomfortable let the doctor know. Further sedation can then be given as needed throughout the procedure to keep you as comfortable as possible. In some cases the doctor has requested an anesthesiologist who meets and talks with you before the procedure. When anesthesia is used patients are completely asleep throughout the procedure. Anesthesia patients are required to spend extra time (1 hour) in the post-anesthesia recovery unit, or PACU, after the procedure. Sedation patients usually spend 30 minutes. However, recovery after anesthesia or sedation is individual, depending on the type of procedure(s), amount of medication given, medical history, and may be longer. You will have no memory of the procedure with anesthesia and may not remember some or all of the procedure with sedation.

Procedure time
When it is time for your procedure, the procedure nurse will introduce him/herself and then roll your gurney into the procedure room. The nurse will apply EKG leads on your chest, an oxygen sensor on one finger, oxygen in your nose, and a blood pressure cuff on your arm. Your blood pressure will be taken every 5 minutes during the procedure. You will be turned to your left side for most procedures. The doctor will tell the nurse or the anesthesiologist to begin sedation or anesthesia prior to starting the procedure.

X-ray or ultrasound
For some procedures additional X-ray, ultrasound, or other equipment may need to be used during the procedure and an additional staff member may be in the room to assist with that equipment.

Continued on next page
Lower procedures
The lower procedure usually takes about 45-60 minutes. Carbon dioxide gas must be introduced to inflate the bowel to allow the scope to be inserted and to see the bowel walls. You may expel some of the gas during the procedure. You may experience cramping from the inflation of the bowel with the gas, or from the guiding of the scope around loops of the bowel, or looping of the scope. The nurse will remind you to take deep breaths through your nose and out through the mouth. Although you start the procedure on your left side, you may need to turn to your back or right side, maybe even onto your abdomen. A staff member may need to press on your abdomen to guide the scope. There is no pain if a polyp is removed or a specimen taken. The doctor will try to remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience some relief by expelling it.

Upper procedures
The upper procedure usually takes about 30-45 minutes. Enough medication is usually given for you to sleep through the procedure. As you are going off to sleep, there are a couple of things you'll do for the doctor but you probably won’t remember doing them. You will be instructed to hold your breath when your throat is sprayed with an anesthetic to numb your throat.

You will bite down on a piece of plastic with a hole in the middle which is placed between your teeth. As you keep your chin to your chest, the scope will be inserted through the hole, and you will be asked to swallow. Again, you will be going off to sleep and probably won’t remember. Try not to speak or swallow during the procedure. While you sleep, a suction is used in your mouth for secretions, like at the dentist’s office. As in the lower procedure, carbon dioxide gas must be introduced for inflation and you may expel some gas during the procedure. The doctor will try to remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience some relief by expelling it. As in the lower bowel (colon), there is no pain if a polyp is removed or a specimen taken.

Both procedures
Sometimes the doctor has scheduled both an upper and a lower procedure to be done during the same case. The first procedure would be done, then the gurney turned, and another scope will be used to complete the second procedure.

Bronchoscopy
Bronchoscopy is scheduled for 1 hour, or up to 2 hours for interventional bronchoscopy. Prior to bronchoscopy, a respiratory therapist will administer a respiratory treatment with an anesthetic to numb the respiratory passages. The respiratory therapist assists the doctor during the procedure. If your doctor requests an X-ray during the procedure, that equipment and a technician will also be in the room. The doctor will usually numb one nostril and then insert the scope. Do not try to speak during the procedure. Afterwards a chest X-ray may be taken. You are required to stay an entire hour after the procedure. Prior to discharge you will be asked to sip a drink to assure that your swallowing has returned to normal.

Recovery
When the procedure(s) is finished, you will be rolled into the post-anesthesia recovery unit, or PACU. Blood pressures are taken 15 minutes apart. You will rest there between blood pressures. The post-procedure nurse will remove the IV and review discharge instructions with you. The post-procedure nurse can take you to the restroom if necessary and will get you something to drink. For upper procedures, you will

Continued on next page
be asked to sip your drink to assure that your swallowing has returned to normal before discharge. Your family member, driver, or anyone with you may be called into the recovery area at this time. The post-procedure nurse will give you a copy of the typed discharge instructions from your doctor after she/he reviews them with you. You will sign a copy saying that you received and understand your discharge instructions. You will also sign your medication list to confirm the medications you are taking at home and you will receive a copy to take home. During this recovery period, the doctor may talk with you and, with your permission, the person accompanying you. After you are dressed, it is a requirement that you be discharged by wheelchair. Your driver will be asked to drive the car to the front lobby entrance, where we will meet them.

**Discharge instructions**

- For your first meal after returning home, start with soft bland foods (not greasy or spicy; examples of soft bland foods are eggs and toast, oatmeal, pancakes, soup and sandwich, macaroni and cheese). For one day, avoid foods that cause gas.
- Because you have received sedative medication, do not drink alcohol for the rest of the day.
- Do not drive a car or operate heavy machinery for the rest of the day.
- Avoid work or exercise for the rest of the day.
- Follow the fall risk prevention instructions you received in your packet.
- Due to remaining air from inflation during the procedure, you may experience the following symptoms: your abdomen may be bloated, you may have some cramping, you may belch and pass gas. You will experience some relief by expelling the air. These symptoms should improve within 24 hours.
- For oral procedures, you may have a sore throat, which should improve in 1-3 days. If you have a sore throat, you may treat it like a scratchy throat from a cold. For example, you may gargle with salt water, take a cough drop, or eat cold or soft foods.
- You may see a small amount of blood on tissues when you cough or wipe. This can be due to irritation from the scope.
- Call your doctor or go to the emergency department if you have:
  - Heavy bleeding
  - Severe chest or abdominal pain
  - High fever (greater than 101)
  - Nausea or vomiting

Additional discharge instructions for specific procedures may also be needed and would be included in your discharge instructions.

**Conclusion**

Thank you for reading “Introduction to endoscopy.” Our goal is for your procedure to be completed as efficiently and comfortably as possible. The purpose of this introduction is to help you by explaining what to expect before, during, and after your procedure. A patient satisfaction survey is included with your discharge instructions. Your comments can help us to improve our process.
El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road, Mountain View, CA 94040-4378

Patient Registration Department: Mountain View 650-940-7111

PRE-ADMISSION RECORD

PATIENT INFORMATION

Date To Enter Hospital
Physician
Maternity
☐ Yes
☐ No

Primary Care Physician (PCP)
Due Date
Maiden Name:

Approximate Date
Last Treated
I authorize the hospital to verify my insurance benefits for
this hospital service. ☐ Yes ☐ No

Signature

Patient’s Legal Name (Last, First, Middle)

Place of Birth
Date of Birth
Age
Sex
Marital Status
Religious Preference
Social Security Number

Patient’s Address (Street, City, State, Zip Code)

Email Address
Patient’s Home Phone

Patient’s Employer
Occupation

Patient’s Work Address (Street, City, State, Zip Code)

Patient’s Work Phone

Name of Emergency Contact
Address (Street, City, State, Zip Code)

Home Phone
Work Phone
Relationship to Patient

Name of Person Responsible for Hospital Bill (if other than patient)

Address (Street, City, State, Zip Code)

Home Phone
Relationship to Patient

Ethnicity
☐ Hispanic ☐ None-Hispanic

Principal Language Spoken:
Race The State requires hospital to collect statistical information on Race and Ethnicity. Providing this information is voluntary.

☐ White ☐ Black ☐ Asian / Pacific Islander ☐ Native American / Eskimo ☐ Other

INSURANCE INFORMATION

PRIMARY INSURANCE

Insurance Company Name
Identification Number
Group Number
Insured Person’s Name
Insured’s Sex
Insured’s Employer

Insured’s Birthdate
Insured’s Social Security Number

Patient’s Relationship to Insured

Authorization Number
Insurance Verification Phone Number

SECONDARY OR SUPPLEMENTAL INSURANCE

Insurance Company Name
Identification Number
Group Number
Insured’s Person Name
Insured’s Sex
Insured’s Employer

Insured’s Birthdate
Insured’s Social Security Number

Patient’s Relationship to Insured

Authorization Number
Insurance Verification Phone Number

WORK RELATED INJURY

Employer at Time of Injury

Employer’s Address (Street, City, State, Zip Code)

Employer’s Work Phone

Date of Injury

Industrial Insurance Name

Industrial Insurance Address (Street, City, State, Zip Code)

Ind Insur Phone Number

Claim Number (if known)

CHAMPUS

Patient is a:
☐ Spouse ☐ Child ☐ Retiree

Social Security Number

Card Number
Effective Date
Expiration Date
Name of Sponsor (Last, First, Middle)
Service Number
Grade

Organization & Duty Station (Home Port/Retiree’s Address)

Branch of Service ☐ USA ☐ USAF

☐USMC ☐ USN ☐ USCG ☐ USPHS ☐ EESA

Status: ☐ Active Duty

Retired ☐ Deceased

Form 174C Rev. 08/16
Endoscopy Patient Admission Questionnaire

Name ___________________________ DOB ___________ Height ___________ Weight ___________

☐ No Known Allergies List all ALLERGIES below (include food/medication/contact/tape/latex)

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
<th>Severity (LOW/ MEDIUM/ HIGH)</th>
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</table>

HOME MEDICATIONS: Include ALL medications below including over the counter and vitamins.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Date Last Taken</th>
<th>Reason/Indication</th>
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</table>

Have you ever had ANY reaction to anesthesia? ☐ No ☐ Yes (explain) __________________________________________________________________________

Have you or a relative ever had malignant hyperthermia? ☐ No ☐ Yes

MEDICAL HISTORY: (high blood pressure, diabetes, depression, heart or lung issues, cancer)
____________________________________________________________________________________
____________________________________________________________________________________

SURGICAL HISTORY: (list ALL surgeries, including the year) ________________________________________
____________________________________________________________________________________

Last Colonoscopy: _______________ Type of bowel preparation: __________ Result: ________________

Do you Smoke? ☐ No ☐ Yes ______ packs/day ______ years ☐ Quit ______year

Do you drink Alcohol? ☐ No ☐ Yes ☐ Defer

Form # 6980 Rev. 11/15
☐ Glasses of Wine: ______  ☐ Cans of Beer: ______  ☐ Shots of liquor: ______  Alcohol/week ______

Do you use any Recreational Drugs?  ☐ No  ☐ Yes  If yes Type: ______________________ how often ______

Caffeine Intake: How many cups/day?  ☐ 0 cups  ☐ 1-2 cups  ☐ 3-4 cups  ☐ 5+ cups

Implants: (any implantable devices, pacemakers, dialysis shunts, IV ports, stents): ______________________

Date and Time of last liquid intake: ______________________

Date and Time of last solid intake: ______________________

Do you need an interpreter?  ☐ No  ☐ Yes  If yes, language requesting ______________________

Do you have an Advance Directive?  ☐ Yes  ☐ No

If Yes, have you reviewed your Advance Directive and is it valid for this stay?  ☐ No  ☐ Yes  ☐ Not Applicable

If No, would you like information regarding Advance Directives?  ☐ No  ☐ Yes

Vision: Right Eye  ☐ Intact  ☐ Mildly impaired  ☐ Moderately impaired  ☐ Severely impaired  ☐ Blind

☐ Left Eye  ☐ Intact  ☐ Mildly impaired  ☐ Moderately impaired  ☐ Severely impaired  ☐ Blind

Hearing: Right Ear  ☐ Functional  ☐ Difficulty with noise  ☐ Deaf  ☐ Hearing aid  ☐ Cochlear implant

☐ Left Ear  ☐ Functional  ☐ Difficulty with noise  ☐ Deaf  ☐ Hearing aid  ☐ Cochlear implant

**ASSIST DEVICES (circle)**

<table>
<thead>
<tr>
<th>Eyeglasses</th>
<th>Dentures Full</th>
<th>Dentures Partial</th>
<th>Dentures Upper</th>
<th>Dentures Lower</th>
<th>Hearing aid Right</th>
<th>Hearing aid Left</th>
<th>Oxygen prn or cont.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts</td>
<td>Other:</td>
<td>Prosthesis</td>
<td>Walker</td>
<td>Wheelchair</td>
<td>Crutches</td>
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</tbody>
</table>

Recent weight loss without trying?  ☐ No  ☐ 2-13 lbs.  ☐ 14-23 lbs.  ☐ 24-33 lbs.  ☐ >33 lbs.  ☐ Unsure

Do you have a poor eating due to decreased appetite?  ☐ No  ☐ Yes

Other risk factors?  ☐ PPN, TPN prior to admission  ☐ Tube Feeding prior to admission  ☐ TPN/PPN or Tube Feeding planned this admission  ☐ No

Have you been admitted to any healthcare Facility within the last 30 days?  ☐ No  ☐ Yes

Do you have or had a history of MRSA?  ☐ No  ☐ Yes  If yes, when? ______________________

Do you have any current Infections?  ☐ No  ☐ Yes  If yes, explain ______________________

Are you currently on dialysis?  ☐ No  ☐ Yes

Do you have or had a history of C. diff?  ☐ No  ☐ Yes if yes, when? ______________________
Have you been hospitalized in a hospital outside the US in the last 6 months? □ No □ Yes
Do you wear a transdermal patch? □ No □ Yes (i.e. medication/nicotine/nausea) type: ________________
Physical abuse/verbal abuse? □ No □ Yes
Any Religious or Cultural requests during your hospitalization: □ No □ Yes if yes explain ________________
□ No blood products (Jehovah witness) ___________________________________________________________________
Have you had any recent self-harm or suicidal thoughts/ attempts? □ No □ Yes
Have you ever been diagnosed with obstructive sleep apnea (OSA)? □ No □ Yes
Do you use CPAP/BIPAP machine? □ No □ Yes (if yes, please leave your machine at home)
Do you have any skin disorders, bruises, open wounds or skin breakdown? □ No □ Yes
Check box if you have had any of the following: □ Falling/dizziness/vertigo □ History of DVT or PE
□ Birth control or hormone replacement □ Varicose veins/swollen legs □ Family history of blood clots
□ Irritable/Inflammatory bowel disease □ Clotting disorder
Whom do you live with? □ Spouse/sign other □ Children □ Alone □ Friend □ Other _____________
If living in care facility, name of facility __________________________ Phone number ______________
If going home the same day, do you have someone to drive you home?
□ No □ Yes Name __________________________ Phone number ______________
Do you have someone to stay with you overnight? □ No □ Yes
Education level (highest level completed) □ Elementary □ High school □ College □ Graduate school

Patient/ Legal Representative Signature __________________________ Date __________ Time __________

Relationship to Patient __________________________

Print Witness Name __________________________ Witness Signature __________________________ Date __________ Time __________

ON THE DAY OF YOUR PROCEDURE, PLEASE LEAVE ALL VALUABLES AT HOME. WEAR THE SAME
CLOTHING INTO THE HOSPITAL AS YOU WILL BE GOING HOME IN. MAKE SURE THE CLOTHING IS
COMFORTABLE AND EASY TO GET ON AND OFF.

Thank you for completing this questionnaire

Form # 6980 Rev. 11/15
Directions to endoscopy/bronchoscopy admission

- **Parking Lot** (B)
- **South Drive**
- **Old Main Entry**
- **Endoscopy/Bronchoscopy Admission**
- **Behavioral Health (Inpatient)**
- **Outpatient Laboratory**
- **Patient Registration**
- **Elevators**
- **Women's Hospital**
- **Main Hospital**
- **Emergency**
- **Emergency Entry**
Driving Instructions

From San Francisco via Highway 101
Exit at Highway 85 South
Exit at Grant Road/El Camino Real North
Cross El Camino Real
El Camino Hospital 1 mile on right

From San Francisco via Highway 280
Take Magdalena Exit
At stop sign, turn left onto Magdalena
Right on Foothill Expressway
Left on Grant Road
Hospital 2 miles on left

From San Jose via Highway 101
Exit at Highway 237 West (not East)
Highway 237 becomes Grant Road
Cross El Camino Real
Hospital 1 mile on right

From San Jose via Highway 280
Take Foothill Exit
Right on Foothill Expressway
Right on Grant Road
Hospital 2 miles on left

From East Bay via Dumbarton Bridge
Take Highway 84 West across Dumbarton Bridge
Turn on Willow Road
Take Highway 101 South
Exit at Highway 85 South
Exit at Grant Road/El Camino Real North
Cross El Camino Real
Hospital 1 mile on right

From East Bay via Hwy 880 and Hwy 237
Take Highway 880 South towards San Jose
Take Highway 237 West towards Mountain View
237 becomes Grant Road
Cross El Camino Real
Hospital 1 mile on right
Patient and visitor parking
Directory

NEW MAIN HOSPITAL
2500 Grant Road
  Cafeteria
  Conference Center, conference rooms A - G
  Emergency Services
  Health Library & Resource Center
  Imaging Services
  Java Junction
  Lucile Packard Children's Hospital
  Patient rooms
  Spiritual Care
  Stroke Program
  The Bistro
  The Gift Connection
  The Health Connection

OLD MAIN
2500 Grant Road
  Behavioral Health Services
  Cardiac & Pulmonary Wellness Center
  Endoscopy/Bronchoscopy
  Health Information Management Services
  Norma Melchor Heart & Vascular Institute
  Outpatient Clinical Laboratory Services
  Pulmonary Function Lab
  Respiratory Medicine
  Weight Loss Surgery Program classroom

OAK PAVILION
2505 Hospital Drive
  Cancer Center
  Patient Accounting

PARK PAVILION
2400 Grant Road
  Conference rooms K, L, M, N, O
  El Camino Hospital Foundation
  Rehabilitation Services
  RotaCare Clinic

WILLOW PAVILION
2480 Grant Road
  Breast Health Center
  Bone Densitometry
  Chinese Health Initiative
  El Camino Ambulatory Surgery Center
  South Asian Heart Center

CEDAR PAVILION
2660 Grant Road
  Senior Health Program (Suite F)
  Silicon Valley Primary Care (Suite E)
  Older Adult Transitions Services (Suite D)

MELCHOR PAVILION
2490 Hospital Drive
  Fogarty Institute for Innovation
  Medical offices
  Outpatient Clinical Laboratory Services
  Outpatient Imaging Services

CENTER FOR ADVANCED RADIOTHERAPY
AND CYBERKNIFE® RADIOSURGERY
125 South Drive
  Radiation Oncology
Blood transfusions

If you need blood
If you need blood you have several options. These options may be limited by time and health factors. You may need to check with your insurance company regarding its reimbursement policy related to blood transfusion.

Using your own blood — autologous donation
Using your own blood can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Autologous blood donations are not an option for all patients. You may want to ask your doctor if it is safe for you to donate. Autologous blood collections may not be available at the hospital in which your surgery will be performed. Ask your doctor about the availability of these procedures and if autologous donation is appropriate for you.

Donating before surgery
Blood banks can draw your blood and store it for your use. This process is performed for a planned surgery. Blood can only be stored for a limited period of time, so coordinating the donations with the date of surgery is an important consideration.

Donating during surgery
Immediately before surgery your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is lost and discarded during surgery may be collected, processed and returned to you. A large volume of blood can be recycled in this way.

Either of these methods may minimize or eliminate the need to be transfused with someone else's blood.

Using someone else's blood
If you choose not to donate your own blood, or if more blood is required than expected, you will receive donor blood from community or designated donors if necessary.

Community donors
Hospitals maintain a supply of community donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors are screened with a thorough medical history and then tested with the most accurate technology available.

Although blood and blood products never can be 100% safe, the risk of infection from donated blood is very small. As of 1998, infection with HIV (the virus that causes AIDS) occurs less than once per 500,000 (half a million) units of blood transfused. Hepatitis C infection occurs once per 100,000 units and Hepatitis B occurs about once every 60,000 units. Other infections are transmitted much less often.

Continued on next page
Designated donors
Although the blood supply today is very safe, some patients prefer to receive blood from people they know — "designated (or directed) donors." There is no medical evidence that this blood is safer than that from volunteer donors. In some cases, it may be less safe because donors known to the patient may not reveal embarrassing information about their personal history, assuming the blood tests will detect any infection. Since tests do not always detect viruses, blood donated by someone whose recent behavior put them at risk of contracting HIV or other viruses could pass the screening measures and transmit the disease to the patient.

Designated donors must meet the same requirements as community donors. Advance notice is required to accommodate a request for designated donors, as additional processing may be required.

If you have questions
If you have additional questions about your options relating to blood transfusion, please refer those questions to your physicians. Information can also be obtained by calling your local community blood center or hospital blood bank. Doctors and other health care professionals who work in blood centers are experts in blood transfusion therapy and may be helpful in answering your questions.

This sheet is provided as a source of information and is not to be considered a replacement for the Informed Consent process prior to the transfusion of blood.

The information on this sheet was developed by California Department of Health Services in partnership with the Medical Technical Advisory Committee of the Blood Centers of California.

California Department of Health Services
714-744 P Street
Sacramento, CA 95814

Medical Technical Advisory Committee of the Blood Centers of California Central Office
3621 Willow Street
Santa Ynez, CA 93460

For information about the contents, please call Laboratory Field Services at 510-873-6327.
Distributed by the Medical Board of California.

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Cover your cough

Why should I cover my cough?
Serious respiratory illnesses like influenza, respiratory syncytial virus (RSV), whooping cough and Severe Acute Respiratory Syndrome (SARS) are spread by:
- Coughing or sneezing
- Unclean hands
These illnesses spread easily in crowded places where people are in close contact.

How can I stay healthy?
- Cleanse your hands often with soap and water or an alcohol-based hand cleanser.
- Avoid touching your eyes, nose or mouth.
- Avoid close contact with people who are sick, if possible.
- Get vaccinated! Influenza (flu) and pneumococcal (pneumonia) vaccines can prevent some serious respiratory illnesses.

How do I stop the spread of germs if I am sick?
- Cover your nose and mouth with a tissue every time you cough or sneeze. Throw the used tissue in a waste basket.
- If you don’t have a tissue, sneeze or cough into your sleeve.
- After coughing or sneezing, always cleanse your hands with soap and water or an alcohol-based hand cleanser.
- Stay home if you are sick.
- Do not share eating utensils, drinking glasses, towels or other personal items.

When you are at a clinic or hospital:
- Cover your cough or sneeze with a tissue and dispose of the used tissue in the waste basket.
- Cleanse your hands with soap and water or an alcohol-based hand cleanser.
- You may also be asked to wear a mask to protect others.
- Don’t worry if you see staff and other people wearing masks. They are preventing the spread of germs.

Special instructions may be added here.
Welcome, visitors

Please help us prevent the spread of infection

- Wash your hands or use hand sanitizer before entering and when leaving the patient’s room.

- Expect our staff to clean their hands before patient care. Remind them if they forget.

- Cover your sneeze or cough with a tissue or your upper arm. Do not visit if you’re sick.

- Avoid touching anything used to care for the patient.

- Read all instructions posted outside the patient’s room and talk to the nurse before entering patient’s room.

- Reduce the spread of germs by washing your hands or using hand sanitizer.
Patient hand hygiene

Please help us prevent the spread of infection by washing your hands or using hand sanitizer

- Wash your hands or use hand sanitizer before and after meals and before and after toileting, and before leaving your room.
  - If using soap and water, rub your hands together vigorously for at least 15 seconds.
  - If using hand sanitizer, rub your hands together until the gel is dry.
- Expect our staff to clean their hands before patient care. Remind them if they forget.
- Cover your sneeze or cough with a tissue or your upper arm.
Tips for preventing falls at home

Everywhere
- Remove throw rugs and scatter rugs.
- Tape down long cords: telephone, electric, extension, oxygen, etc.
- Clear all walkways of clutter.
- Light all walkways well.
- Put bells on pets so you know where they are.
- Keep pets and toys from under foot.
- Have lighted wall switches.
- If the light switch is not at the entrance to a room, have a standing lamp ready to be turned on before you enter the room (especially in the dark).
- Wear low-heeled shoes or slippers with non-slip soles.
- Keep the length of pants, slacks, skirts at or above the ankle.
- Use cordless phones and have a handset close to each room.
- Have commonly used items within easy reach; reduce bending and reaching.
- Avoid step stools or ladders.

In the bathroom
- Install grab bars in shower and bath.
- Put non-slip strips or a non-slip mat in shower or bath.
- Exercise extra caution around water, clothing or other objects dropped on the floor.
- Use a night light.

In living areas
- Avoid low, soft couches and chairs.
- Avoid rocking chairs.
- Avoid chairs on wheels or castors; if you have them, make sure they are stabilized against a wall or table before standing up or sitting down.
- Sit in a sturdy chair with arm rests. If it is too low, adapt the seat height with a firm cushion or pillow, or with a folded blanket, to make sitting and standing safer and easier.
- Place an end table or TV tray table next to where you usually sit. Keep glasses, mobile phone, books, remote control, medications, water, or anything you use frequently on this table for easy access.

In the bedroom
- Get out of bed slowly; especially if you have blood pressure problems; sit on edge of bed first, then stand up.
- Always use slippers; do not walk around in socks only.
- Keep the length of nightgowns, pajamas and bathrobes above the ankle.
- Be careful around bedspreads, especially the corners.
- Have a nightlight on, especially showing the path to the bathroom.
- Make sure the pathway to the bathroom is completely free of clutter.

Communicating with your physician
- Report all changes in balance, equilibrium, dizziness and lightheadedness to your physician.
RoadRunners provide specialized transportation
Serving ambulatory older adults

Dedicated El Camino Hospital Auxiliary volunteers provide door-to-door transportation for medically related appointments, trips to senior centers, banks, the market or other personal appointments — even trips to your hairdresser or manicurist.

- No wheelchair transportation
- Transportation within a 10-mile radius of El Camino Hospital
- No El Camino Hospital affiliation required
- Reservations required 48 hours in advance
- Pick-up service Monday through Friday, 8:15 a.m. to 3:45 p.m.
- Office hours Monday through Friday, 7:30 a.m. to 4:30 p.m.

One-way costs:
0–1 mile: $5.50
1–2 miles: $7.50
3–5 miles: $10.50
6–7 miles: $16.00
8–10 miles: $19.00
San Jose Airport: $30.00
Additional stops: $3.00
Out of area (as schedule permits): $30.00
Same-day cancellation/no-show fee: cost of a one-way ride

To schedule, call 650-940-7016
Help is only a push-button away

Lifeline is an in-home emergency response system that allows people who are elderly or physically challenged the confidence and freedom to live on their own by simply wearing a special pendant. By simply pressing the pendant, you are immediately connected to medical support.

- All units are voice-to-voice and waterproof
- Month to month rental-no contract
- One-time installation charge of $40.00
- Monthly charge of $45.00
- Upon receipt of completed application, Lifeline can provide installation within 24 hours, if needed

El Camino Hospital Lifeline now provides a new AutoAlert option for an additional $10.00 a month. With Lifeline and AutoAlert you can get help two ways: by simply pressing the Auto-Alert button anytime or if a fall is detected and you are unable to press your button, AutoAlert will automatically call for help.

For more information and an application call 650-940-7016

Lifeline
530 South Drive
Mountain View, CA 94040
Catheter associated urinary tract infection

What is catheter associated urinary tract infection?
Urinary tract infection (UTI) is an infection of the urinary system which includes the bladder and the kidneys. If bacteria or yeast get into these areas, an infection can occur.

When a urinary catheter is in place, germs can travel along the catheter and cause a catheter associated urinary tract infection.

What is a urinary catheter?
A urinary catheter is a thin tube placed in the bladder to help drain urine. The urine is collected in a bag.

A urinary catheter may be used
- If you cannot urinate on your own.
- During and after certain surgery procedures.
- For certain patients with pressure ulcers in the lower back area.

What are strategies used in the hospital to prevent catheter associated urinary tract infection?
Catheters are only used when necessary, and they are removed as soon as possible. Every day, ask your physician if you still need the catheter.

The following actions are taken by staff

Catheter insertion
- Only trained staff insert catheters using clean technique.

Catheter care
- Staff cleanse their hands before and after touching the catheter. If you do not see staff cleansing their hands, please ask them to do so. Staff will cleanse their hands with gel most of the time. Soap and water is used sometimes.
- The catheter tubing is not to be disconnected. This helps to prevent organisms from getting into the catheter tube.
- The catheter must be secured to your leg to prevent pulling.

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Catheter associated urinary tract infection (cont'd)

- Keep the bag lower than the bladder to prevent urine from flowing back into the bladder.
- The bag must be emptied regularly. The drainage spout must not touch anything while the bag is being emptied.
- Each patient should have his/her own urine collection container.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?
- Always cleanse your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not pull or twist the catheter tubing.
- Ask your healthcare provider every day if you still need the catheter.

What do I need to do when I go home from the hospital?
Your doctor or nurse should explain how to take care of the catheter before you leave the hospital.

Contact your doctor right away if you develop any symptoms of a UTI, such as:
- Burning when urinating
- Pain in the lower abdomen
- Fever
- Increase in the number of times you need to urinate