

# *Preparing for Your Procedure*

## *Responsible Adult Companion Policy*

Prior to your scheduled procedure, your physician will provide you with specific instructions on how to prepare for your upcoming procedure. If you have any questions concerning this preparation, please call your doctor's office. Please arrive on time. Your procedure and subsequent recovery time takes approximately 1½ to 2 hours from the time of your arrival to discharge. Our staff will do everything to make your stay as short as possible. Due to the sedation you will receive prior to your procedure, you will not be permitted to drive yourself home and you must make plans for someone to accompany you to the Surgery Center. You will be discharged by the center into the care of your responsible adult companion, who will have the responsibility to drive you to your home and be available to make sure you have no adverse effects from the anesthesia. You will receive a follow-up telephone call the day after your procedure from one of our Endoscopy nurses. If you have any questions or concerns at any time, please do not hesitate to call your doctor.

### **INSTRUCTIONS FOR TRANSPORTATION**

On the day of your procedure a responsible adult companion must be with you at the time of registration. The responsible adult companion must agree to be with you and be available to observe you to make sure you have no adverse effects from the anesthesia. This is usually 6 to 8 hours post procedure. If there is no responsible adult companion to accompany you to and from the center, the procedure will be cancelled and must be rescheduled.

### **PATIENT**

I acknowledge that I was informed at the time my procedure was scheduled that I must have a responsible adult companion accompany me to and from the surgery center and remain with me and be available to observe me for 6 to 8 hours after my procedure. The name of my responsible adult is \_\_\_\_\_ and he/she will be available to bring me home immediately at time of discharge. If he/she needs to leave the center while I am undergoing my procedure, he/she can be reached at:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

I understand that if I do not have a responsible adult companion with me when arriving for my procedure, my procedure will be cancelled.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name