

CARE BOOKLET

OUTPATIENT CONSULTATIONS, ANAESTHESIA & HIGH DEPENDENCY, SURGERY UNITS

Dr MARTINEZ, Head of care units

Surgery – Operating unit – High Dependency Unit – Outpatient consultations

- ☐ Outpatient surgery
- ☐ Scheduled hospitalisation



ANAESTHESIST APPOINTMENT:

On/...../..... at:.....



DAY OF THE INTERVENTION:

On/...../..... at:.....



PREOPERATIVE FASTING:

Begin fasting from

Secretary

 +33 4 79 41 79 72

Monday to Friday, from 9am to 12:30pm and from 1:45pm to 5pm

Surgery unit

 +33 4 79 41 79 16 or +33 4 79 41 79 35

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YOUR CARE BOOKLET

This notebook should be read carefully, completed, signed and brought to the consultation with the anaesthetist and on the day of the operation.

**DO NOT SMOKE,
DO NOT VAPE**



YOU CAN EAT

up to 6 hours before a planned surgery

You can chew a chewing gum or suck a candy before the intervention

YOU CAN DRINK clear liquids (water, juice without pulp, tea or coffee without milk)

up to 2 hours before a planned surgery

Administrative formalities

In order to ease the administrative formalities, please could you go to the admission office with the following documents:

- › One proof of identity (national ID card, driving licence, passport...).
- › Your up to date carte vitale or CEAM.
- › Your carte mutuelle or attestation CMU-C or health insurance document.
- › An accident at work form (if this is the case).

In the absence of these documents, you must pay the incurred costs, according to the article R6145-4 of CSP.

PRACTICAL INFORMATION

If you want to have a private room:

Please give your completed form for a private room to the patient's reception office (*the form is in this care book on page 26*):

- ☐ In person
- ☐ By e-mail: bde@ch-bsm.fr

NB: the private rooms need to be reserved and are subject to availability on your day of arrival.

PREPARING YOUR HOSPITALISATION

CONSULTATION WITH THE ANAESTHETIST

Important things to tell or bring to the anaesthetist:

- ☐ Your medical and surgical history.
- ☐ Your consultation reports from specialists (cardiology, respiratory, etc.)
- ☐ Your allergies
- ☐ Your current medications or treatments: **please bring the prescriptions**
- ☐ Your last blood test results
- ☐ Your blood group card (if you have one)

You have to fill in and sign the consent forms for the operation and anaesthesia.

Please give it to the receptionist or nurse when you arrive *(the documents are at the end of this care book, page XX and XX)*.

Your General Practitioner:

Dr

Useful phone numbers



To change your appointment: +33 4 79 41 79 72

The office is open from Monday to Friday, from 9am to 12:30pm and from 1:45pm to 5pm.



In case of emergency: +33 4 79 41 79 79

The accident and emergency is open 24 hours a day, every day.

For any question about or following the operation,

Contact the nurses from the surgery unit at +33 4 79 41 79 16 or +33 4 79 41 79 35

Information about the preoperative shower



Please remove your jewellery, wedding ring, any piercings, nail varnish, false nails and make up. Brush and cut your nails. If you have difficulties removing any jewellery (rings, wedding ring, piercings etc) you must go to a jeweller to have them removed. If they are not removed, they will be cut off at the hospital.

1. Wet your entire body
2. Wash your hair with your usual shampoo
3. Wash your body with the antiseptic soap in the following order (if you are using a flannel, it must be clean):
 - › Face
 - › Neck
 - › Thorax
 - › Back
 - › Limbs
 - › Underarms
 - › Feet
 - › Finish with the genitals and anal region

Insist on the indicated spots : ●

neck, ears, underarms, nails, hands and feet, groin, navel, genitals and anal region.

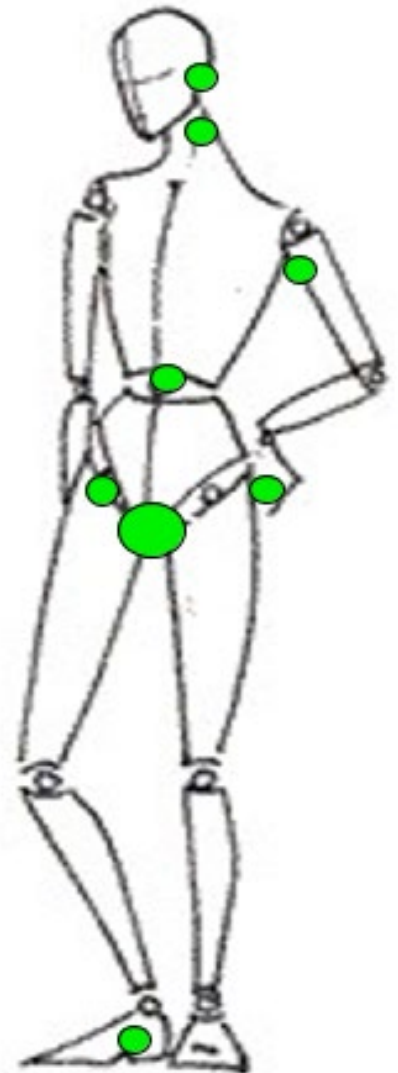
4. Rinse thoroughly
5. Dry yourself with a clean towel
6. Dress yourself with clean clothes
7. Brush your teeth
8. Clean your ears
9. Sleep in clean sheets

HOW TO TAKE THE SHOWER

FROM
THE TOP



TO THE
BOTTOM



2

IS THE NUMBER OF
SHOWERS YOU SHOULD
TAKE BEFORE YOUR
OPERATION

- 1 shower at home the day before** the operation with the prescribed antiseptic soap
- +**
- 1 shower at home the day of** the operation with the prescribed antiseptic soap

We ask you to respect the recommendations given in this document.

YOUR HOSPITALISATION

OUTPATIENTS (YOU WILL NOT SLEEP AT THE HOSPITAL)

Before the operation:

You will receive a telephone call the day before your operation in order to give you any last instructions, the time you should arrive at the hospital and answer any of your questions.

Your operation will take place on the day, it will not be possible to give a specific time, this is due to availability in the operating theatres and progress of other procedures.

It is important to keep the appointment time and instructions you are given.

After the operation:

You will leave the hospital the same day after the surgeon and/or doctor or anaesthetist says its ok. **You must not leave on your own.**

Bring a responsible adult to accompany you. Young children will need 1 person to accompany them, this person must not drive the car. In this case, 2 adults will be needed to accompany the child after they leave the hospital.

It is important to inform the person who accompanies you about any important precautions linked to your hospitalization.

Plan to have a person stay with you overnight to survey your anaesthesia, you must have access to a working telephone.

- › Driving is not allowed for the for 12 hours after surgery because of the effects of the anaesthetic.
- › You can eat and drink but nothing too heavy and according to the doctor's recommendations. Do not drink alcohol. Avoid smoking.
- › Take the medication that has been prescribed to you as well as your usual medications.
- › Sometimes for medical reasons a hospital stay may be needed.

INPATIENTS (YOU WILL NOT SLEEP AT THE HOSPITAL)

You should bring an overnight bag with toiletries and a clean towel (for the duration of your hospital stay).

Your operation will take place on the day, it will not be possible to give a specific time, this is due to availability in the operating theatres and progress of other procedures.

It is important to keep the appointment time and instructions you are given. If not your operation could be postponed or cancelled.

**For medical reasons, visits are only authorised
according to the services guidelines.**

INSTRUCTIONS FOR BABIES & YOUNG CHILDREN

Preparing his stay at the hospital

In order to keep your child calm on the day of the operation, it is important to:

- › **Explain what is going to happen** (visit the website of the association Sparadrap, where you can find a guide « Chirurgie/Hôpital », and other documents for children)
<https://www.sparadrap.org/parents/documents-pour-les-familles/pour-les-enfants>
- › Bring a baby's bottles (without chocolate), nappies, 2 sets of pyjamas, 2 pairs of socks and 1 pair of slippers.
- › Bring some toys or a favourite stuffed animal (clean stuffed animal) and/or a dummy, depending on their habits/routine.
- › To stay in the service on the day of the operation to be close to your child as soon as he/she goes into his/her room after the operation.



IMPORTANT: Only 1 person will be authorised to enter the ward.

You cannot bring and food/snacks (sweets, cakes, chocolate, etc.) for the child on the day of the operation (due to the risk of sickness and vomiting).

PAIN MANAGEMENT

What is pain ?

« Pain is an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage »

WHO (World Health Organization)

Types of pain

Acute pain: much like an alarm, its symptoms help to diagnose. Generally it decreases when a treatment is given.

Chronic pain: chronic pain is pain that evolves over 3 to 6 months. It can be permanent or intermittent.

The right to not suffer needlessly

Pain relief is a fundamental right since the law that was passed on the 4th of March 2002. It is written in the public health code article number L 1110- 5 : **“Every person has the right to receive care aimed at relieving pain. This must be notified in all circumstances, assessed, taken into account and treated.”**

How to report pain?

No medical examination can objectify and quantify pain. Therefore we must assess its intensity. Numerous methods exist:

- › **The pain scale:** the person is asked to give a number from 1 to 10 to describe the intensity of the pain.
- › **Visual analogue scale (VAS):** the person positions a slider on a point between « no pain » and « extreme pain ». Overleaf, the position of the slider corresponds to a number between 1 and 100.



PAIN MANAGEMENT

How to fight against pain ?

There are different ways to fight pain.

‣ The pharmaceutical approach:

Self-medication is highly discouraged. When you enter the hospital, you can only take the medication and treatments given to you by the medical professionals. When you leave the hospital, the doctor will prescribe you medication and painkillers. You should only take the medication on the prescription.

Your doctor will prescribe you with painkillers according to the intensity of the pain. If you have any questions, don't hesitate to contact your GP.

‣ Non pharmaceutical approach:

Ice, repositioning, behavioural or body oriented psychotherapy also allow to reduce anxiety and stress, which has the effect of reducing the perception of pain.

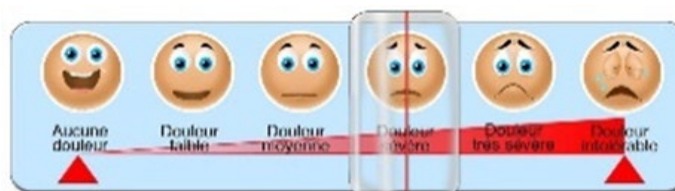
During your hospital stay, we will ask you to evaluate your pain regularly. This evaluation is important 30 minutes after taking medication in order to judge its effectiveness or to adapt or change the treatment.

Pain management at the Hospital of Bourg Saint Maurice

The CLUD (Pain Relief Committee) goals are:

- To better organise pain management in coordinating care,
- To help the continued development and training of medical personnel,
- To drive quality improvement by treatment and the evaluation of pain.

There is a pain referent in every department.



INFORMED CONSENT / AUTHORIZATION TO OPERATE

I, the undersigned (Last name, First name):

☐ Acting on my own behalf:

☐ Acting on behalf of my child/protected adult:

☐ **Certify that I have had a consultation with Dr:**
practicing at the Bourg Saint Maurice Hospital, to be informed about my current state of health and the reasons leading to the prescription of necessary examinations and therapeutic procedures. I have received clear, complete, and appropriate information regarding these procedures, the possible discomfort they may cause, as well as the risks and complications that may arise during their execution and in their immediate or long-term aftermath.

☐ **Certify that I have had an anaesthesia consultation:**
during which I received clear, complete, and appropriate information about the advantages and disadvantages of the proposed anaesthesia. I understand that the anaesthesiologist consulted may not necessarily be the one who administers the anaesthesia.

☐ I consent to a blood transfusion if necessary or to the administration of blood derivatives deemed essential by the anaesthesiologist or intensivist.

☐ I oppose the prescribed blood transfusion, and I confirm my decision despite the explanations I have received. I am aware that this refusal may endanger my health and my life, and that the hospital will contact the public prosecutor to authorize a transfusion in case of an emergency or life-threatening risk.

I have had the opportunity to ask all relevant questions and have fully understood the answers provided. Finally, I have been informed that these practitioners are available to me or to my relatives (the designated trusted person, parents or legal guardian for minors or patients under guardianship) or to a doctor of my choice to review the information that has been given to me.

After acknowledging this information and not being in an emergency or immediate danger, I have been able to give my informed consent for the planned procedures.

**For patients under guardianship or curatorship, the legal guardian's signature is mandatory.
For minor patients, both parents' signatures are mandatory.**

AUTHORIZATION TO OPERATE

Title of the procedure:

Date of the operation:/...../.....

Patient (or legal guardian):

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For a minor patient:

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Divorced parents: signature of both parents required. In the event of the revocation of parental authority for either parent, a copy of the judgment referring to it is essential.

In the absence of a duly completed authorization, the surgical procedure is cancelled.

AUTHORIZATION FOR CARE: MINOR PATIENT

Planned date of care: / /

For a minor, the authorization for care signed by one of the two parents, holders of parental authority or by the legal representative, is mandatory (*article R1112-35 of the Public Health Code*).

Patient's name:

Patient's first name(s):

Born on:

I authorize the medical and paramedical staff of the CH de Bourg Saint Maurice to perform any medical act as well as the nursing care required by the state of health of my minor child during his/her care.

☐ Father ☐ Mother or ☐ Legal guardian

Name: First name:

Date of Birth: Phone Number:

Address:

Signature:

☐ Father ☐ Mother or ☐ Legal guardian

Name: First name:

Date of Birth: Phone Number:

Address:

Signature:

Documents to provide: Identity card of one of the parents, holder of parental authority

TRUSTWORTHY PERSON / EMERGENCY CONTACT FORM

(Art L1111-6 du Code de la Santé Publique)

I, undersigned,

Surname:

First name:

Maiden name:

Date of birth:

Address:

.....

Hospitalized in the care unit:

Name as my emergency contact,

Mr, Mrs, Miss

Surname:

First name:

Address:

.....

Phone number:

E-mail:

Relationship to the patient:

My emergency contact can help me when needed:

- ☐ For the duration of my hospitalization in the care unit:
- ☐ For the duration of my hospitalization in the care unit and after.

Mr, Mrs, Miss,

.....

► **Can be consulted by the medical team in the case I am not able to do it for myself.**

In these circumstances, except in an emergency or when it is impossible to consult the emergency contact, no intervention or investigation can take place without prior consultation.

► **I am aware that:**

- If requested, they will attend medical appointments in order to support me and assist me to make choices,
- Information that I want to be confidential, and I have told the Doctor must remain confidential, will not be communicated to the emergency contact,
- It is up to me to inform him/her that they have been designated as an emergency contact and about his/her role, and to get his/her agreement,
- That I can revoke this decision at any time without prejudice.

Warning

Please give this form to the medical staff during admission, so they are aware of your decision. You must verify that the contact information is up to date for your emergency contact for each of your hospital visits and any if there are any changes, please notify the staff immediately.

In

Date

Signature of the patient:

Signature of the trustworthy person:

REQUEST FOR A PRIVATE ROOM

I, undersigned, Sir / Madam

Surname:

.....

First name(s):

.....

Date of birth:

I would like to have a private room, at the price of 55€ per day.

I agree to pay these costs if these are not covered by my health insurance.

At

Date

Signature: