

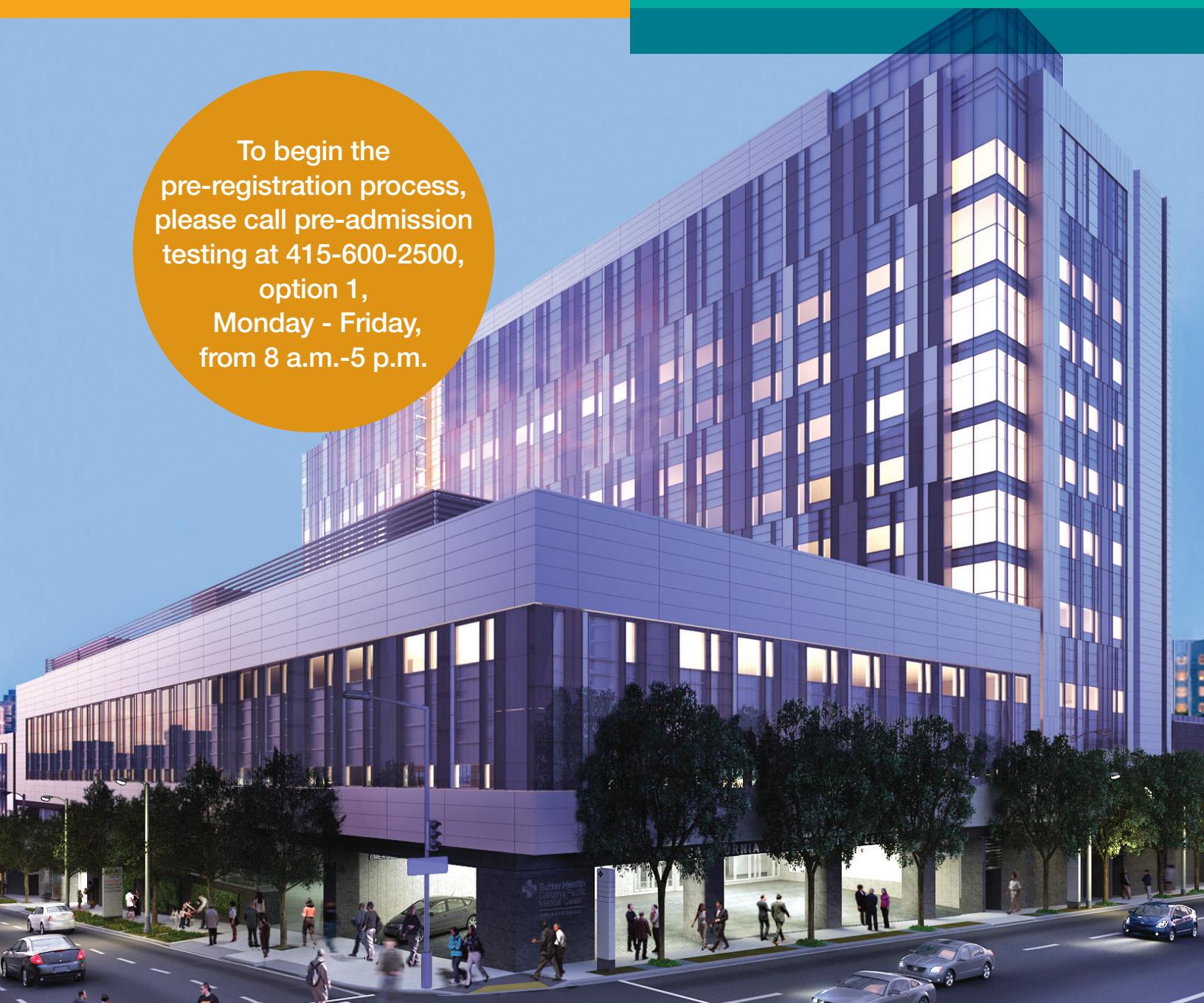


My Surgery/Procedure Date

My Surgery/Procedure Time

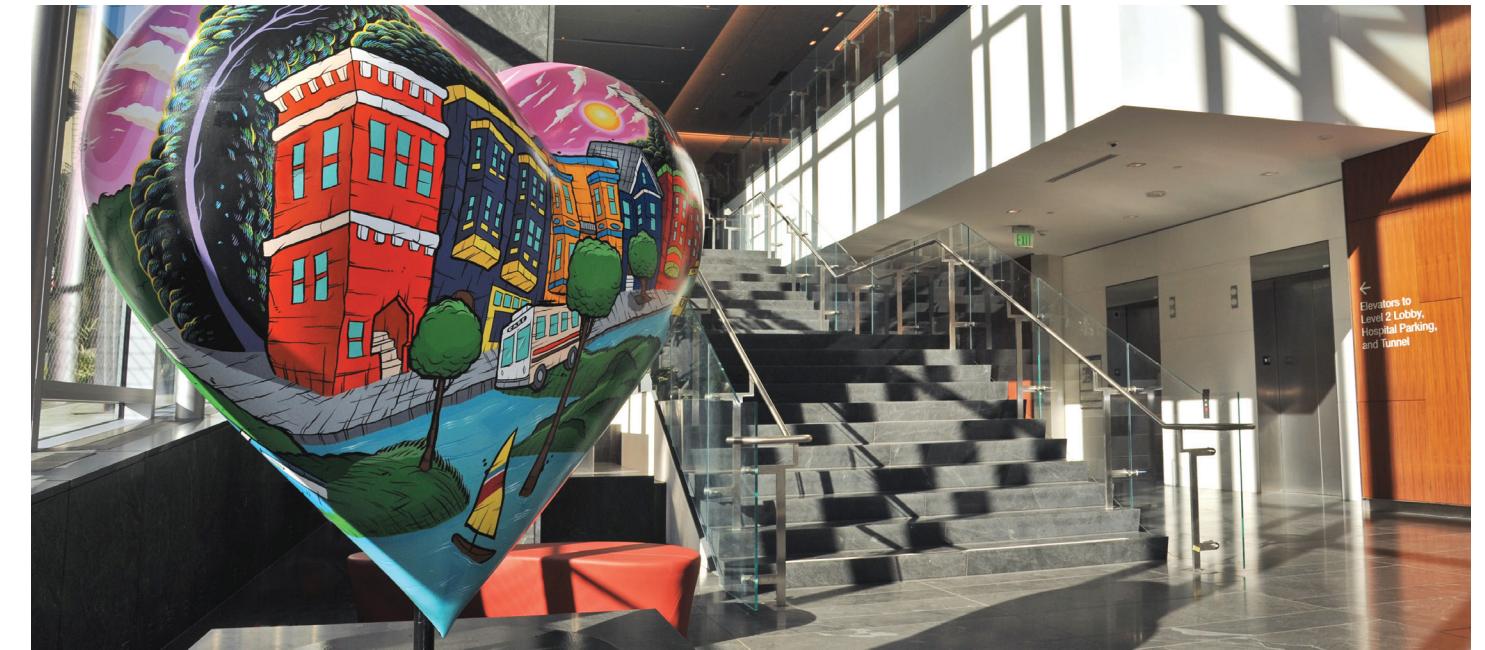
## Pre-Registration Information for Your Surgery, Test or Procedure

To begin the  
pre-registration process,  
please call pre-admission  
testing at 415-600-2500,  
option 1,  
Monday - Friday,  
from 8 a.m.-5 p.m.



## Our Mission:

**Compassion and excellence  
in the delivery of healthcare  
services to our community.**



Welcome to California Pacific Medical Center! We began our mission to care for the residents of San Francisco, regardless of ability to pay, in 1871. With the opening of our new, state-of-the-art Mission Bernal Campus in 2018 and Van Ness Campus in 2019, CPMC continues our commitment to this mission of compassion and excellence in the delivery of healthcare services to our community.

When you choose Sutter Health and CPMC, you are in the hands of an award-winning team. We are one of the largest academic medical centers in California, with a rich history of caring for San Franciscans. We provide a broad variety of services at our campuses including general, neurovascular, and emergency care, women's and children's services with enhanced birthing centers, and state-of-the-art operating room suites designed to accommodate highly specialized organ transplants and cardiac surgeries, as well as robotic and other minimally invasive procedures. At every stage of life, CPMC provides exceptional care for the community.

We view every patient, family and visitor as a member of our Sutter Health community. While you are here for your surgery, test or procedure, our team will do everything we can to support your comfort and health. Our high-quality, family-centered approach puts each patient at the center of everything we do. We will strive to meet your needs in every way possible, and appreciate your suggestions and partnership during your stay.

We wish you the best on your journey to physical and emotional healing following your surgery, test or procedure. *Thank you for trusting your care to our CPMC team.*

We encourage those who do not speak English to have an English-speaking family member or friend help them with this process.



## Step 1 Health History

Please call **415-600-2500, option 1, one to two weeks before** your procedure to speak with a pre-admission testing nurse who will take your health history, answer your questions, and explain what testing is necessary before your surgery, test, or procedure.

Based on your health status, the nurse may send you to complete any required testing before you come to the hospital. The nurse will tell you where you can go for your test(s).

## Step 2 Pre-Registration

The nurse will transfer your call to the Patient Access Center to complete the pre-registration process. Please be sure to have your insurance card information ready when you begin.

### What is Pre-Registration?

Pre-registration is a two-step process that you must complete before having a surgery, test, or procedure at California Pacific Medical Center.



### Your Checklist



- The day before your test or procedure, confirm your appointment arrival time.** Call your surgeon's office the day before your procedure to ensure the time has not changed.



- Check with your doctor about the medicines you are taking.** Ask your surgeon or primary doctor if and when you should stop taking any of your regular medicines (such as blood thinners and diabetes medicines) or vitamins, over-the-counter medications, and herbal supplements.



- Do not eat anything within six hours before your surgery, test or procedure.** Your doctor may instruct you to stop eating even sooner.



- Do not drink anything within four hours of your surgery or procedure unless instructed differently by your physician.** This includes coffee, water, hard candy, and chewing gum, unless your doctor tells you otherwise. You need to have an empty stomach in order to be sedated safely.



- Tell your surgeon if you have had something to eat or drink.



- Drink plenty of fluids before midnight the night before your appointment to make sure you are hydrated.

**Your Checklist Continued**

- Take a shower, using soap, the night before and the morning of your surgery.



- Do not shave the area of the proposed surgical incision before surgery. We care about your safety and this helps prevent infection at the site of surgery. If hair removal is needed, the surgical team will clip the hair immediately before the surgery.



- You are strongly encouraged not to smoke or drink alcohol for at least 24 hours before your hospital stay. For information about stopping smoking, go to [nobutts.org](http://nobutts.org) or call 1-800-QUIT NOW.



- Arrange for someone to take you home after your hospital stay.  
**Note:** You may not go home alone in a taxi, rideshare, or on public transportation. You must have a responsible adult with you when you leave the hospital. If you have not made these arrangements, your surgery may be canceled.



- Arrange for someone to stay with you at home on the night of your surgery, test or procedure. If you have children in your care, arrange babysitting for at least 24 hours after your return home.



**Call your surgeon/primary doctor immediately if:**

- There are any changes in your health condition, such as a cold, flu or fever.
- You have recently had an infection.
- You are pregnant or may be pregnant.

**Talk With Your Doctor About Your Medications**

Ask your surgeon or primary doctor if you should stop, continue or adjust any of these medications before coming in for your surgery, procedure or test.

- **Blood-thinning medicines or non-steroidal anti-inflammatory medicines**, including aspirin, Eliquis, Pradaxa, Xarelto, Savaysa, Coumadin/warfarin, and Plavix. Non-steroidal anti-inflammatory medicines include Naprosyn (naproxen), Advil (ibuprofen), and Motrin (ibuprofen).
- **Medicines for diabetes**, such as Glucophage (metformin), Micronase (glyburide), or Glucotrol (glipizide).
- **Insulin**.
- **Vitamins or herbal supplements**.

**Fill New Prescriptions**

Ask if you should fill new prescriptions, including pain medicine, before your surgery, test or procedure.

- Your surgeon/primary doctor may ask you to bring your current medicines in their original containers to the hospital. **Bring only the medicines you are asked to bring.**

Fill out the medication list on page 14 and bring it with you to the hospital.

**For patient safety, please give any and all medicines from home to the nursing staff.** Medicine brought from home will not be used during your stay in the hospital unless it is not available from the hospital pharmacy. Your medicines will be returned to you when you are ready to go home.

## On the Day of Your Surgery, Test or Procedure



**Arrival Time:** Please arrive at least 90 minutes before your scheduled surgery, test or procedure. **Confirm the arrival time with your surgeon's office on the working day before surgery.**



**Delays:** Your care, comfort and privacy are our main concerns. Our goal is to make sure that your surgery, test or procedure starts within 30 minutes of the scheduled time. Please know that we will take the time needed to safely and thoroughly care for you, which can sometimes cause delays. We will keep you informed if delays occur.



**Medicines:** Take only the medicines that you were told to take the nurse or surgeon/primary doctor—with a sip of water.



**Clothing:** Wear loose, comfortable clothing. Bring cases for glasses, contact lenses, and dentures. You will need to remove them before your surgery, test, or procedure.



**Personal care and hygiene** in the hospital are important because it helps prevent infections. Please let us know about your personal care needs so we can best support you.



**Valuables:** Do not wear or bring wedding bands, body piercings, other jewelry, cash, credit cards, or checkbooks. Pack a small overnight bag with your personal items if your surgeon has told you that you will be staying overnight.



**Staying Overnight:** If you are staying overnight after your surgery, our standard discharge time is 11 a.m. Arrange for someone to drive you home. Your doctor or nurse will tell you if there is a medical reason for you to stay longer.



**Interpreter Services:** A medical interpreter may be scheduled for you if necessary. There will be no charge for this service.



**Surgical Waiting Area:** During your surgery, test or procedure, your family and friends may wait in the waiting area. The staff will keep your family and friends well informed.

## We provide basic toiletries such as:

Toothbrush and toothpaste

Soap

Shampoo

Shaving cream and razor

Lotion

Comb

Warm bath wipes

**Although there may be some discomfort after your surgery or a procedure, keeping your pain under control speeds your recovery.**



**Ask for Help.** If you are in pain, call the nurse with your call button. Please don't wait until the pain is really bad. It's easier to control pain sooner rather than later.



**Tell Us About Your Pain.** Several times a day, a nurse will ask about your pain using a scale from 0–10. Zero being no pain to 10 being the worse pain imaginable.

## Wong-Baker FACES® Pain Rating Scale



**Pain Medicines.** Many patients take prescribed pain medicine. Talk to your doctor or nurse if you have questions or concerns.



**Additional Pain Support.** Think about ways you can relax and take your mind off of your pain. Pick something that works for you and ask your nurse for help.

- Hot (heating pad) or cold (ice) on a painful area.
- Listen to soothing music (with headphones).
- Pray or meditate.
- Read.
- Watch TV.



**Sleep and Rest.** Sleep and rest are important for your healing. We will do our best to provide a quiet and calm environment. The hospital can be noisy at times. Please let us know how we may assist you. We can provide eye masks, ear plugs or close your door. Please notify your nurse or charge nurse if the environment is too noisy.

### Commonly Used Resources:

- **Information:** 415-600-6000
- **Billing Services and Medical Records:** 855-398-1633, 7 a.m. to 5 p.m.
- **Patient Relations:** 415-600-3280, 7 a.m. to 5 p.m., for any concerns or for lost and found
- **Wi-Fi.** We offer free Wi-Fi throughout the hospital. Choose the network “**SHGuestNet**” and accept the privacy statement.



### Visitor Information

#### Visiting Hours:

Visiting hours are from **8 a.m. to 8 p.m. daily**. Outside of regularly scheduled visiting hours, please check with the nursing staff first.

Most patient rooms are private and can accommodate one friend or family member to stay with you overnight, if requested.

#### Tips for Visitors:

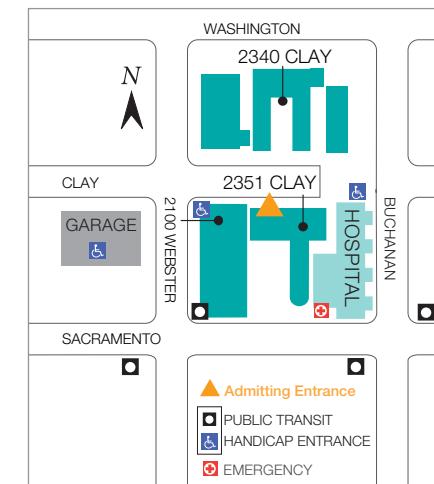
Patients often need a lot of rest for their recovery. Please make sure to keep visits calm and quiet. If you are sick or have a cold, please stay home. Children under the age of 14 should always be with an adult.



**Family, friends and loved ones are welcome to visit patients at CPMC.**

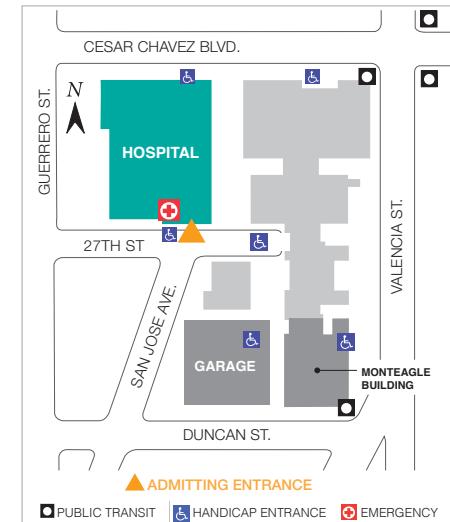
### Our Four Campuses

Please check insert for campus specific arrival instructions.



**CPMC Pacific Heights Campus**

2333 Buchanan Street  
San Francisco, CA 94115  
Main Operator: 415-600-6000



**CPMC Mission Bernal Campus**

3555 Cesar Chavez Street  
San Francisco, CA 94110  
Main Operator: 415-600-6000



**CPMC Davies Campus**

Castro and Duboce Streets  
San Francisco, CA 94114  
Main Operator: 415-600-6000



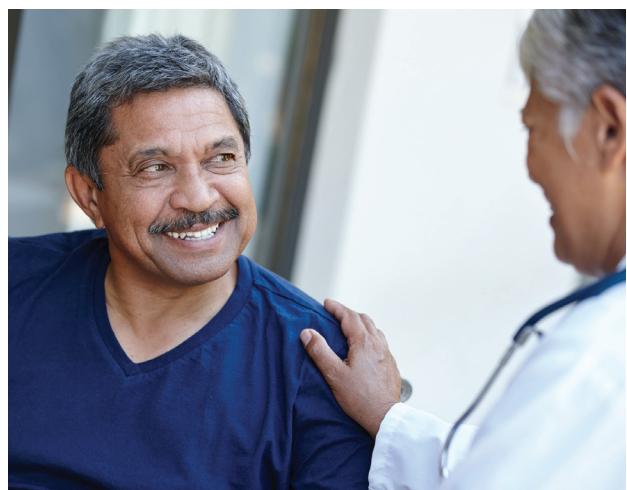
**CPMC Van Ness Campus**

1101 Van Ness Avenue  
San Francisco, CA 94109  
Main Operator: 415-600-6000

You will receive a copy of your Patient Rights and Responsibilities during registration. You can also find this information online at [sutterhealth.org/cpmc/for-patients/patient-rights-responsibilities](http://sutterhealth.org/cpmc/for-patients/patient-rights-responsibilities).

### Non-Discrimination Statement

It is the policy of CPMC to treat all patients without regard to race, color, creed, religion, marital status, sexual orientation, registered domestic status, sex, gender, gender identity or expression, ancestry, culture, language, national origin (including possession of a driver's license issued to individuals who did not present proof of authorized presence in the U.S.), marital status, registered domestic partner status, socioeconomic status, the source of payment for care, age, medical condition, physical or mental disability, military or protected veteran status, political affiliation, pregnancy or perceived pregnancy, childbirth, breastfeeding or related medical condition, genetic information, economic status, educational background, or any other basis or characteristic made unlawful by local, state or federal law, ordinance or regulation.



### Patient Complaints

We expect our physicians and staff to provide you with a positive hospital experience. If you have any complaints or concerns during your stay, please contact your nurse, the charge nurse or unit manager. You may also call patient relations by dialing "0."

*You can also submit reports or complaints to the following agency:*

**The Joint Commission on Accreditation of Healthcare Facilities**

E-mail: [complaint@jointcommision.org](mailto:complaint@jointcommision.org)  
Phone: 800-994-6610



An advance healthcare directive is a legal form that you complete. It helps your doctors and loved ones understand your wishes in the event of a health emergency or grave illness.

*By completing an advance healthcare directive you:*

- ① **Choose your healthcare decision maker.** This person makes medical decisions for you in the event you can't speak for yourself. This would happen during a health emergency or at the end of life. You can choose anyone who you feel is a good fit. This is also known as "durable power of attorney for healthcare" or "medical durable power of attorney."
- ② **Choose medical care you want or don't want in an emergency or at the end of life.** For example, some people might choose to use a machine if one of their organs fails, such as—a breathing machine for their lungs. Other people might choose not to use a machine. By giving this information, you help your healthcare team and loved ones make decisions for you.
- ③ **Express your values, hopes and priorities for end-of-life care.** To think about this, you may want to finish this sentence:  
What matters most to me at the end of life is\_\_\_\_\_

**You can change your advance healthcare directive**

**at any time.** It's not unusual to change it. As your life changes, you will want your advance healthcare directive to change too. If you would like to complete an advance healthcare directive, ask your care team.

For more information visit our website:

[sutterhealth.org/cpmc/services/health-education/health-resource-centers-libraries](http://sutterhealth.org/cpmc/services/health-education/health-resource-centers-libraries).

Please complete this page and bring it with you to the hospital.

Drug allergies \_\_\_\_\_

Pharmacy \_\_\_\_\_

Primary doctor \_\_\_\_\_

#### Medication List (Patient's Current Medications)

|     | Medication Name/Dose | Route   | Frequency   | Last Dose Date/Time | Comments |
|-----|----------------------|---|---|---------------------|----------|
| 1.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 2.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 3.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 4.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 5.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 6.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 7.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 8.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 9.  |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |
| 10. |                      | <input type="checkbox"/> Oral<br><input type="checkbox"/> _____ | <input type="checkbox"/> ____ Times a Day<br><input type="checkbox"/> As Needed |                     |          |



[cpmc.org](http://cpmc.org)