**SURGERY POLICIES & PROCEDURES**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Patient’s DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**BEFORE SURGERY:**

***Notify our office of any changes in your child’s physical condition that could cause their surgery to be cancelled or rescheduled, for example, a cold, fever, or persistent cough.***

\_\_\_\_Notify our office of any changes in your address and/or phone number. We will call to confirm your child’s surgery within 2 weeks prior to the scheduled date. **\*If we are unable to confirm your child’s surgery, their procedure will be cancelled and will not be allowed to be rescheduled with our office.**

\_\_\_\_In the week prior to surgery, we will call to go over arrival times and eating & drinking restrictions. We must confer with you upon delivery of this information and will not leave a detailed message.

\_\_\_\_**Due to COVID-19**, all patients are required to undergo COVID testing within the 24 hours prior to their procedure. Covenant Children’s Hospital requires you to call ***Surgical Assessment Services (SAS)/Pre-Op Admitting a week prior to surgery at (806) 725-7040***. SAS will explain the process to you and will arrange for testing.

***If at any time you have questions or concerns regarding your child’s scheduled procedure, please do not hesitate to call our office immediately. We are always here to answer any questions and help absolve any concerns you may have.***

**THE DAY PRIOR TO SURGERY:**

\_\_\_\_It is extremely important you and your child follow the NPO instructions given to you, so the surgery may proceed as planned. “NPO” means “nothing to eat or drink.” \***If you fail to follow NPO orders, your child’s surgery will be cancelled. Any surgery cancelled due to failure to comply with NPO orders, will not be rescheduled with our office.**

**THE DAY OF SURGERY:**

It is very important to arrive on-time to your child’s scheduled surgery. Arriving early will help ease the anxiety that can often accompany you the day of surgery and will lessen the likelihood of running behind schedule.

**A parent or guardian must accompany the child to and from Covenant Children’s Hospital** andmust remain in the hospital during the entire procedure and recovery of the child**. \*It is recommended one adult tend to the child in the car on the way home and another adult drive.**

***By my signature, I acknowledge I have read, understand, and agree to the above listed policies and procedures.***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parkview Representative Signature Date**