



SETON HEALTHCARE FAMILY SURGERY GUIDE

This convenient step-by-step guide will help you to prepare for your surgery at the Seton Family of Hospitals.

Please bring this guide with you for all appointments relating to your surgery.

Name: _____

Surgeon: _____

Seton hospital: _____

Date of surgery: _____

Pre-admission testing appointment: _____

When to arrive at hospital: _____

When to stop eating: _____

Surgical prep: _____

Seton Family of Hospitals

We know that having surgery can be stressful for the patient as well as the patient's family. This guide can help reduce the stress.

Our staff is committed to providing the best of care and the information you and your family need to feel truly connected to your health care team.

We are committed to an excellent patient experience. If for any reason you and your family members are not having a positive experience, please tell us. We welcome information from your point of view. All departments have managers willing to listen and help.

Please do not hesitate to contact our surgery department team.

- Seton Highland Lakes Hospital - (512) 715-3000
- Seton Medical Center Austin - (512) 324-1000
- Seton Medical Center Hays - (512) 504-5000
- Seton Medical Center Williamson - (512) 324-4000
- Seton Northwest Hospital - (512) 324-6000
- Seton Southwest Hospital - (512) 324-9000
- University Medical Center Brackenridge - (512) 324-7000

The Mission and Vision of Seton Family of Hospitals

Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision

Guided by the needs of those we care for and their families, Seton is a comprehensive, person-centric delivery system that seeks to meet the healthcare needs of one million Central Texans while reducing inappropriate use of acute care.

Seton is an effective advocate for a socially just and fully accessible healthcare delivery system in Central Texas.

Seton is a community that models the values and aspirations of Ascension Health and the Daughters of Charity of St. Vincent de Paul.



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GENERAL INFORMATION

Registration Process

Our goal is to provide excellent care starting at the point of registration. We are committed to making your experience positive, friendly, and efficient. With that goal in mind, a representative from registration will contact you prior to your scheduled surgery or procedure. As part of the process, our staff will contact your insurance carrier to determine your benefits eligibility.

The representative will ask for your insurance information, update your personal demographics, and inform you of your financial obligation to the hospital.

On the day of your registration, you will need to bring the following items:

- Social Security number
- Medical insurance card(s)
- Copy of current Advance Directives/Living Will
- All consent forms, papers from your doctor's office
- Photo ID (driver's license, other state-issued ID, or military ID)
- Method of payment (check, cash, credit or debit card)

Upon arriving at the hospital for pre-admission, please sign in at the registration desk. Our registration representatives will verify that all your information is correct, have you sign all necessary forms, and settle any financial obligation.

If you have any other questions regarding your registration, you can contact us at:

- Seton Highland Lakes Hospital - (512) 715-3050
- Seton Medical Center Austin - (512) 324-8750
- Seton Medical Center Hays - (512) 504-5000, ext. 45021
- Seton Medical Center Williamson - (512) 324-4262
- Seton Northwest Hospital - (512) 324-6000
- Seton Southwest Hospital - (512) 324-9005
- University Medical Center Brackenridge - (512) 324-7167

For your safety, you should expect to be asked to verify your name, date of birth, and surgical or procedural site multiple times throughout your services here at Seton Family of Hospitals to ensure accuracy.

If you have questions regarding the Advance Directives, please be sure to ask the representative during your preregistration.

Seton Financial Policy

Seton Family of Hospitals is committed to quality in all aspects of patient care. We realize that financial issues may be difficult to discuss, especially during times of illness and other stressful hospital visits. We will assist you with respect, honesty, and simplicity so that our mutual responsibilities can be met. We establish your account upon notification of your admission. We will contact you prior to the admission, if possible, to obtain necessary information and determine your amount of insurance coverage, along with your remaining expected financial responsibility.

A deposit toward co-payments, deductibles, and items not covered by insurance is requested at the time of preregistration, pre-admission testing, or admission on the day of the procedure. Seton accepts cash, checks, money orders, and major credit cards. For patient convenience, Seton has an online payment website (seton.net/billpay) that allows you to remit balances due with an approved credit card prior to service. Our staff members are available to assist with options for meeting your financial responsibility.

Other Charges

Certain physician specialists may bill you directly for the professional component of certain services. Typically, radiology, anesthesiology, and pathology services in the hospital will result in such professional billings. Their billing is separate from your hospital bill and is not a duplication of billing. If you should receive a bill from a specialty clinic and you have questions regarding that bill, you would need to contact that professional component directly.

Information Concerning Smoking

The Seton Family of Hospitals is committed to ensuring the health, safety, and welfare of all individuals utilizing our facilities and services. Consistent with our mission as a health care institution, smoking by all staff, patients, and visitors is prohibited at Seton facilities.

The policy, effective since November 15, 2007, means that smoking is not permitted anywhere on any of the Seton Family of Hospitals' campuses. This policy is also in effect at Seton's leased facilities where patient care is provided.

Smoking is not permitted on outdoor grounds, in entranceways, or in parking areas.

While we are not asking people to quit smoking, it is our hope that a smoke-free environment will provide the incentive to do so. Please talk with your physician or a nurse about smoking cessation support information and resources available to assist you during your visit to our facility.

Preparing for Your Surgery

What to Expect during Pre-admission Testing

A staff member will call you to schedule a pre-admission testing appointment prior to the day of surgery.

During this appointment, your medical history will be reviewed. If required, you may have lab work, and you may speak with an anesthesiologist representative.

What to Bring to Your Pre-admission Testing Visit

- This guidebook with questions for the anesthesiologist/nurse
- List of allergies, including to medications, food, latex, rubber or dyes
- List of medications, including over-the-counter and vitamin supplements (how often and how much taken); you can provide this information on the Universal Medical Form

The Day before Your Surgery/Procedure

For your safety, do not eat or drink anything after midnight unless instructed otherwise by the anesthesia staff.

We recommend that you not smoke 24-48 hours before your surgery to enhance your breathing, or as instructed by your surgeon.

The Day of Your Surgery/Procedure

Do Not:

- wear eye makeup or jewelry, including body piercings
- bring valuables, including prescription medications
- wear contact lenses
- clip or shave the surgical area

Do:

- take a bath or shower to reduce the chance of infection
- wear clothing that is easy to take off and put on
- contact your doctor or surgeon if you are sick or have a skin rash, tear, cut, or incision
- bring appropriate cases for eyeglasses, hearing aids, dentures

You must have a responsible adult present to accompany you home or your surgery cannot proceed.

Anesthesia

If you have not already met with the anesthesiologist, he/she will visit with you on the day of your surgery. He/she will review your planned procedure, medical history, and laboratory studies. Your postoperative pain management may also be discussed.



After Your Surgery/ Procedure

After your surgery, you may be taken to the Post Anesthesia Care Unit (PACU), also known as the recovery room.

The nursing staff will attend to your immediate recovery from surgery and anesthesia. Your stay in the PACU will last until your vital signs are stable, on average 1 to 2 hours. If you will be discharged after your surgery/procedure (same-day surgery), you must have a responsible adult drive or accompany you home.

A registered nurse will call you a day or two after your surgery to check on your progress.

If you are being admitted, your family will be notified of your room assignment. Whether you are admitted or discharged, for your safety, we highly recommend that a responsible adult stay with you for the first 24 hours after your surgery/procedure.

Additional Information

- If you have been told to arrive at a specific time, please do so to avoid any possible delays. The hospital will confirm your arrival time during your pre-admission visit.
- All patients are expected to arrive as directed by their surgeon or nurse before surgery/procedures to complete preparation for surgery.
- Remember to bring this guidebook, along with your questions; a copy of your Advance Directives; Medical Power of Attorney, Directive to Physicians and Family or Surrogates (both in the back of this guide), or a donor card; and a list of your medications.

Obstructive Sleep Apnea (OSA)

Please let us know if you have been diagnosed with OSA. For your safety, if you have been diagnosed with sleep apnea, please bring your own CPAP/BiPAP or breathing machine, all tubing, masks, and other items associated with that machine.

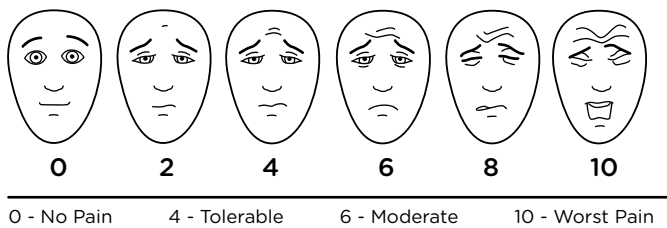
PATIENT EDUCATION

Pain Management after Surgery

Our mission is to partner with you to prevent and relieve your pain and unpleasant symptoms even though zero pain after surgery is not always possible. We want to make you comfortable, but some level of discomfort may be expected with your condition. We may not get you pain-free, but we will do all we can to keep your pain manageable for you and we are committed to sharing our knowledge about pain relief and symptom management with you.

It is normal to experience some pain after any surgery/procedure. Seton Family of Hospitals uses a pain scale of 0 to 10 to help patients describe their pain level. Your pain level is unique to you.

Pain Scale



Remember there is no right or wrong answer; this is simply your judgment of pain.

Understanding the Pain Scale Tool

The pain scale is a tool to provide quick, consistent communication between you and your caregiver. It also gives us measurable information and allows us to set realistic goals.

Typically, a score of 4 or below is considered “tolerable pain.” A score of 4-6 is considered “moderate pain” and usually indicates that treatment or medication is needed. This is when you should ask your nurse for pain relief options. A score of 7-10 is “severe pain” and is more difficult to relieve, often needing more treatment or stronger medications than if it had been treated at a “moderate pain” level.

Pain Management While in the Hospital

Satisfactory pain relief achieves a level of pain that is tolerable and allows you to sleep, eat, and

do other activities such as your exercises and working with your physician and your occupational therapist.

Pain level is assessed at least hourly, and at every shift change, using the pain scale. The care board in your room will be updated with the name of your pain medicine and the time it is next available for you to take.

Most pain medicine is ordered by the doctors on an as-needed basis — this means it is not automatically scheduled to be given. You can partner with your nurses to have them bring your pain medicine when it is available (including waking you up at night if you wish), as long as your nurse determines it is safe to do so.

Alternative Pain Relief Methods

Too much pain medicine can be harmful for your recovery after surgery, causing constipation, stomach upset, nausea and vomiting, intense sleepiness/sedation, and changes in your breathing pattern. These, among other possible side effects, won’t allow you to get up and gain strength, which will prolong your healing time.

These methods can help with mild to moderate pain, and are also effective when used in combination with medication: soft music, meditation, relaxation and visualization, turning off the lights, closing the door, cold therapy, deep breathing, and changing your position.

Questions to Consider

1. What does pain control mean to you?
 - a. What is well-controlled pain?
 - b. What does tolerable or manageable pain mean to you?
2. What does a “5” on the pain scale look like for you?
3. What does it mean to have the staff do everything to help you?
4. What do you expect in terms of pain management?
5. What has worked for you in the past?
6. How do you get comfortable at home?

Remember that your pain is now a positive, healthy pain and that the faster you are able to get up, walk, and exercise, the faster you will heal and go home.

FAQs about Surgical Site Infections

What is a surgical site infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about one to three out of every 100 patients who have surgery. Some of the common symptoms of a surgical site infection are redness and pain around the area where you had surgery, drainage of cloudy fluid from your surgical wound, and fever.

Can SSIs be treated?

Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals do to prevent SSIs?

To prevent SSIs, doctors, nurses, and other health care providers:

- Clean hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts, and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your health care providers clean their hands before examining you, either with soap and water or with an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know whom to contact with questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Five Things You Can Do to Prevent Infection

Avoiding contagious diseases such as the common cold, strep throat, and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.

1. Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with an alcohol-based hand sanitizer. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure health care providers clean their hands or wear gloves.

- Doctors, nurses, dentists, and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.

3. Cover your mouth and nose.

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or your hands.
- If you use your hands, clean them right away.

4. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

5. Get shots to avoid disease and fight the spread of infection.

Make sure that your vaccinations are current. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:

- Chicken pox
- Mumps
- Measles
- Diphtheria
- Tetanus
- Hepatitis
- Shingles
- Meningitis
- Flu (also known as influenza)
- Whooping cough (also known as pertussis)
- German measles (also known as rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human papillomavirus (HPV)

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Help Assist in the Safety Process in Your Surgery

As a patient, you can make your care safer by being an informed member of your health care team.

Preparing for your surgery

Ask your doctor:

- Are there any prescription or over-the-counter medicines that you should not take before your surgery?
- Can you eat or drink before your surgery?
- Should you trim your nails and remove any nail polish?
- If you have other questions, write them down. Take your list of questions with you when you see your doctor.

Ask someone you trust to:

- Take you to and from the surgery facility.
- Be with you at the hospital or surgery facility. This person can make sure you get the care you need to feel comfortable and safe.

Before you leave home:

- Shower and wash your hair. Do not wear makeup. Your caregivers need to see your skin to check your blood circulation.
- Leave your jewelry, money, and other valuables at home.

At the surgery facility

The staff will ask you to sign an Informed Consent form.

Read it carefully. It lists:

- Your name
- The kind of surgery you will have
- The risks of your surgery
- A statement confirming that you talked to your doctor about the surgery and had the opportunity to ask questions
- Your agreement to have the surgery

Make sure everything on the form is correct. Make sure all of your questions have been answered.

For your safety, the staff may ask you the same question many times. They will ask:

- Who you are
- What kind of surgery you are having
- The part of your body to be operated on. They will also double-check the records from your doctor's office.

Before your surgery

- A health care professional will mark the spot on your body to be operated on. Make sure he or she marks only the correct part and nowhere else. This helps avoid mistakes.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking. If this happens, a family member or friend or another health care worker can watch the marking. They can make sure that your correct body part is marked.
- Your neck, upper back, or lower back will be marked if you are having spinal surgery. The surgeon will check the exact place on your spine in the operating room after you are asleep.
- Ask your surgeon if they will take a "time out" just before your surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.

During your surgery

- Active warming techniques will be used to maintain normal body temperature during surgery.
- Patients currently receiving beta-blocker therapy will continue to receive beta-blockers perioperatively.

After your surgery

- Tell your doctor or nurse about your pain. Hospitals and other surgical facilities that are accredited by The Joint Commission must help relieve your pain.
- Ask questions about medicines that are given to you, especially new medicines. What is it? What is it for? Are there any side effects? Tell your caregivers about any allergies you have to medicines. If you have more questions about a medicine, talk to your doctor or nurse before taking it.
- Ask your doctor if you will need therapy or medicines after you leave the hospital.
- Ask when you can resume activities such as work, exercise, and travel.
- Urinary catheters should be removed no later than 48 hours post-anesthesia.
- Patients will either wear elastic compression stockings/inflatable air sleeves or be prescribed a blood-thinning medication to minimize the risk of blood clots after surgery.
- Cardiac surgery patients will receive intensive insulin therapy after surgery to control glucose levels.

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SETON FAMILY OF HOSPITALS DIRECTORY

Seton Highland Lakes Hospital	(512) 715-3000
Seton Medical Center Austin	(512) 324-1000
Seton Medical Center Hays	(512) 504-5000
Seton Medical Center Williamson	(512) 324-4000
Seton Northwest Hospital	(512) 324-6000
Seton Southwest Hospital	(512) 324-9000
University Medical Center Brackenridge	(512) 324-7000

Seton Highland Lakes Hospital



Driving Directions

From Marble Falls

- Take Hwy 281 North for 11 miles
- Hwy 281 becomes S. Water Street
- The hospital will be on your right

From Leander

- Take Hwy 183 North
- Turn left on Hwy 29 W
- Turn left on S. Water Street

Important Numbers

Surgery Front Desk:

(512) 715-3050, Monday–Friday 7 a.m.–3 p.m.

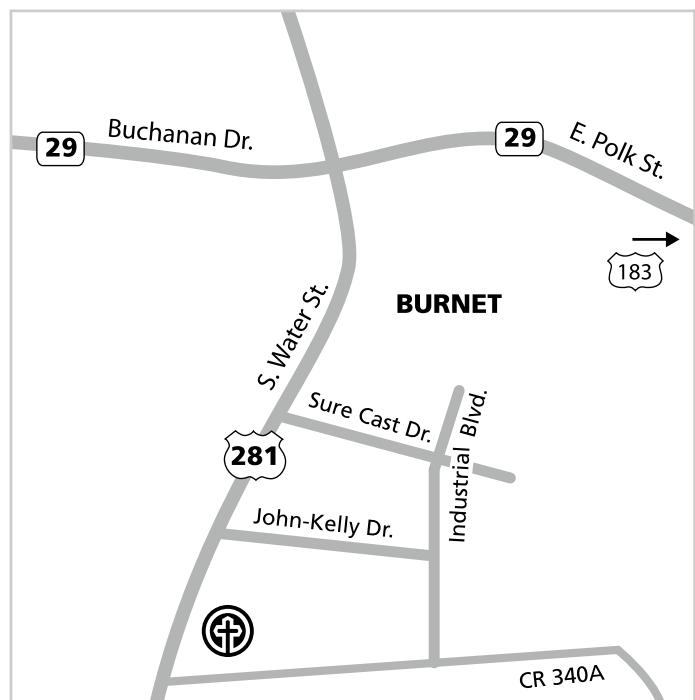
Surgery Registration and Pre-admission Testing

In order to provide you the best customer service possible, Seton Highland Lakes Admissions Department offers preregistration services. To preregister for your procedure before the date of service, call (512) 715-3050 or (512) 715-3000.

For all other needs related to admissions during you stay at Seton Highland Lakes, please call (512) 715-3000.

Outpatient Admissions

Front Entrance of Hospital
Monday–Friday, 7:30 a.m.–6 p.m.



Seton Highland Lakes Hospital
3201 S. Water Street • Burnet, TX 78611

Guest Services

The gift shop is located near the outpatient admissions area.

- Monday–Friday, 9 a.m.–4 p.m.

Chaplain services: (512) 715-3000, ext. 66122

Seton Medical Center Austin



Driving Directions

From IH-35

- Take IH-35 to 38 1/2 St. exit
- Take 38th St. west to Medical Pkwy. (one block west of North Lamar Blvd.)
- Take Medical Pkwy. south one-half block to Emergency/South Entrance

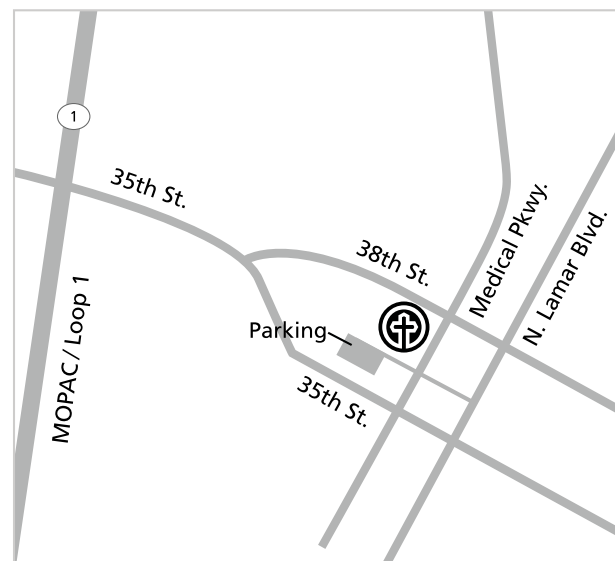
From Mopac/Loop 1

- Take Mopac to 35th St. exit
- Take 35th St. east (it becomes 38th St. at Jefferson) to Medical Pkwy. (you will drive past SMC Austin)
- Take Medical Pkwy. south one-half block to Emergency/South Entrance

Parking

Parking is available in the south parking garage; limited valet parking is available at the North Entrance. Parking is validated for the day of pre-admission testing and the day of surgery, for one free exit per day. For validated parking, please park in one of the following areas:

- Valet parking (if available): located in front of the hospital and west of the Breast Care Center
- South garage: located behind the hospital



Seton Medical Center Austin
1201 W 38th St • Austin, TX 78705

Helpful Hints

Surgery Check-In is at the North Entrance on the first floor. If you park in the garage at the South Entrance, you will enter the hospital on the ground floor and need to take the elevator to the first floor and proceed north (follow signage to Surgery).

Endoscopy Procedure Check-In is located at the Admissions Desk on the ground floor of the South Lobby. Please park in the South Garage. Once you have entered the South Entrance, you will see the Admissions Desk immediately to your left.

Important Numbers

Surgery front desk:

(512) 324-1160, 5 a.m.-7:30 p.m.
 (512) 324-1198 after 7:30 p.m.

Site registration, pricing questions, financial plan for surgery:

(512) 324-8750

Surgery Registration and Pre-admission Testing

Registration for surgical procedures at Seton Medical Center Austin:

- Monday–Friday:
 - 5 a.m.–5 p.m. — North Lobby (facing 38th St.), first floor
 - After 5 p.m. — Emergency Room waiting area
- Saturday:
 - 6 a.m.–2:30 p.m — South Lobby
 - After 2:30 p.m. — Emergency Room waiting area
- Sunday:
 - 6 a.m.–2:30 p.m. — West Lobby, ground floor
 - After 2:30 p.m. — Emergency Room waiting area

All patients undergoing general anesthesia are seen 3–7 days prior to surgery for pre-admission testing. For pre-admission testing appointments or for questions prior to day of surgical procedure:

(512) 324-3264 or (512) 324-1163,
 Monday–Friday, 8 a.m.–5 p.m.

Guest Services

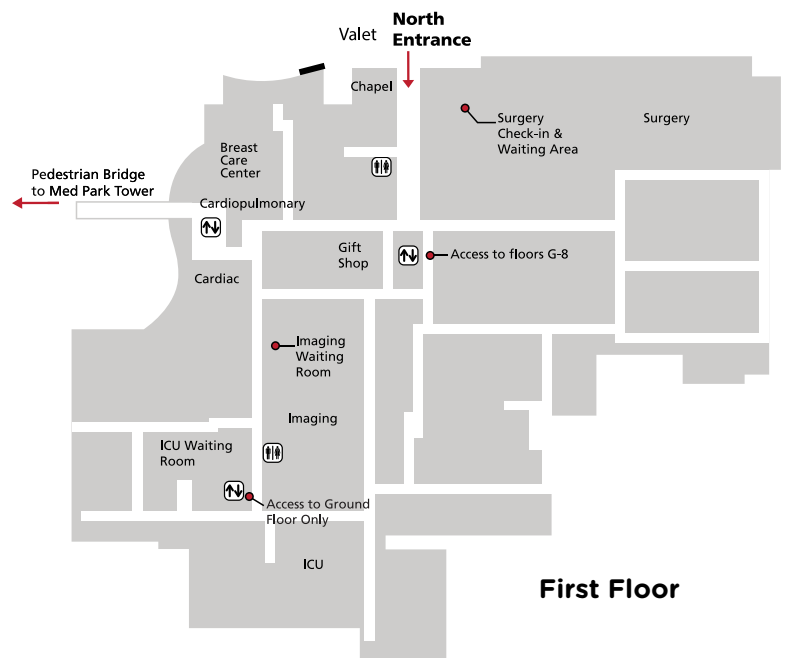
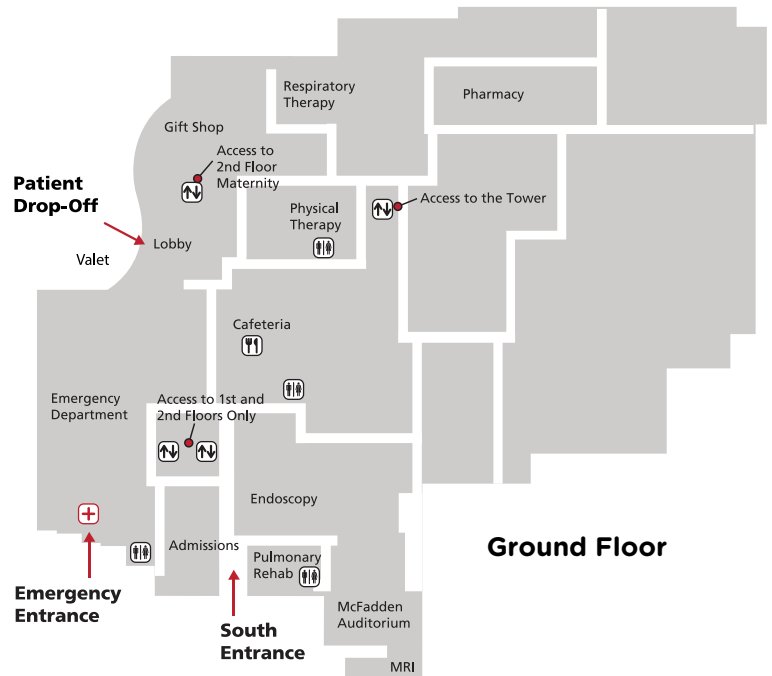
The cafeteria is located on the ground floor of the hospital.

- Monday–Friday: 6:30 a.m.–10 a.m.; 11 a.m.–2 p.m.; 5 p.m.–7 p.m.
- Saturday–Sunday: 8 a.m.–10 a.m.; 11 a.m.–2 p.m.; 5 p.m.–7 p.m.

The gift shop is located in the North Lobby. It carries coffee and light snacks.

- Monday–Friday: 8 a.m.–6 p.m.
- Saturday: 10 a.m.–2 p.m.

Chaplain services: (512) 324-1480



Seton Medical Center Hays



Driving Directions

From Austin

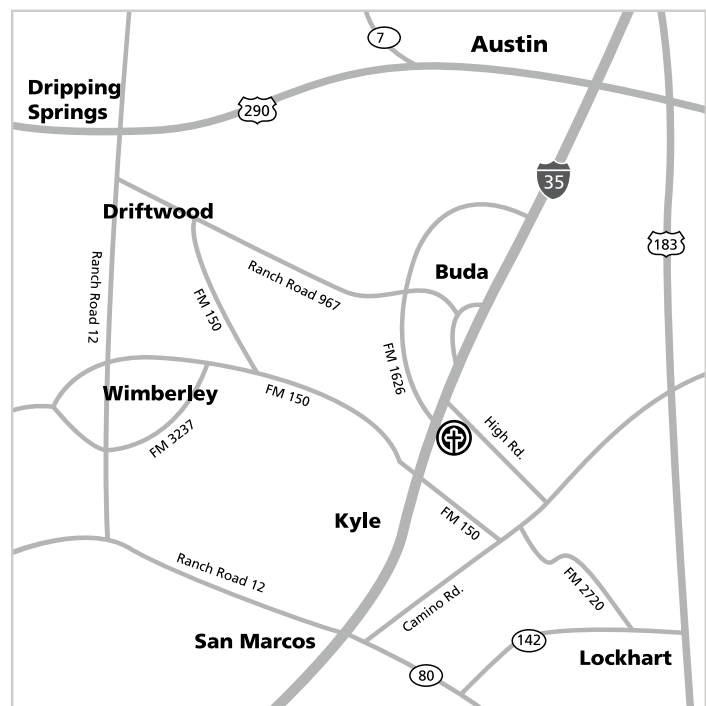
- Take IH-35 South toward San Marcos
- Take Exit 215 toward FM 1626
- Turn left on FM 1626
- As you pass under I-35, FM 1626 becomes Kyle Parkway
- Turn left onto Seton Parkway

From San Marcos

- Take IH-35 North toward Austin
- Take Exit 215 toward FM 1626
- Turn right onto Kyle Parkway, then turn left
- Turn right onto Seton Parkway

Parking

Patients and guests may park anywhere in the visitor parking lot.



Seton Medical Center Hays
6001 Kyle Pkwy • Kyle, TX 78640

Important Numbers

Patient Representative:
(512) 504-5051

Surgery Front Desk:
(512) 504-5000, ext. 54648,
7:30 a.m.–3 p.m.

Site Registration:
(512) 504-5000, ext. 45021. Select option #1,
then once more option #1

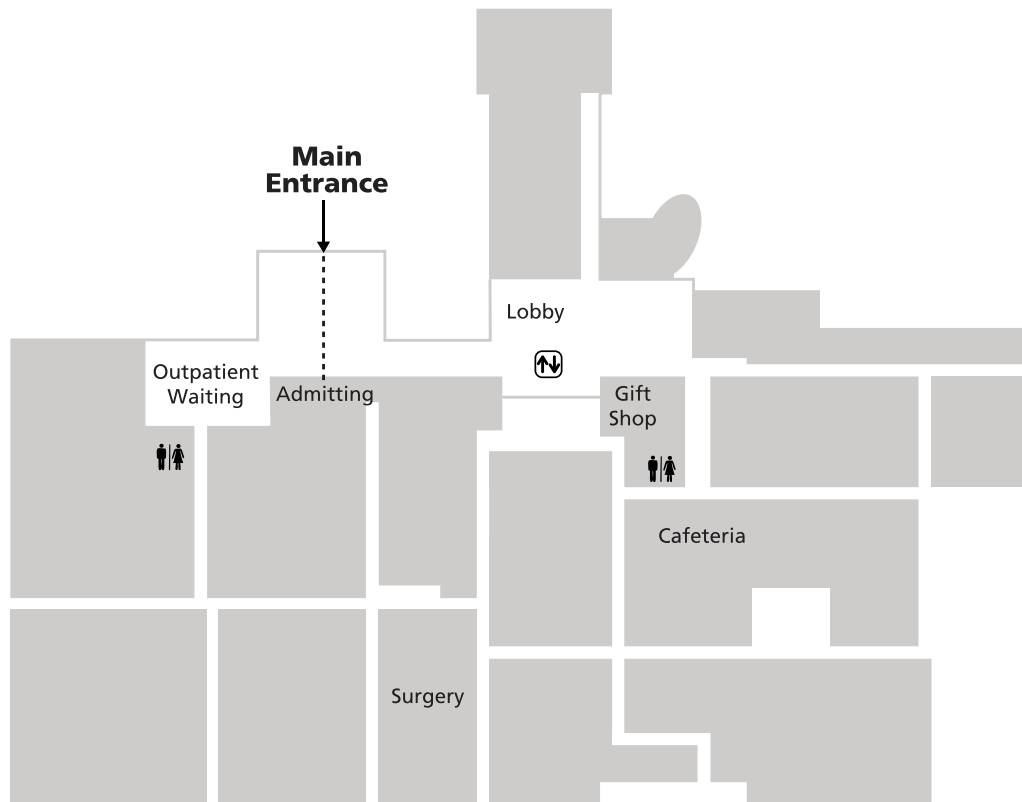
Surgery Registration and Pre-admission Testing

Patients can go to the front desk at the Main Entrance to register for surgery.

Guest Services

The cafeteria is located on the ground floor of the hospital.

Chaplain services: (512) 504-5130



Seton Medical Center Williamson



Driving Directions

The hospital is located about 2 miles east of IH-35 and approximately 3 miles west of Toll Road 130, at the intersection of University Blvd. (FM 1431) and A.W. Grimes Blvd. (FM 1460).

From IH-35

- Take Exit 256, University Blvd. (FM 1431)
- Drive east on University Blvd. to A.W. Grimes (FM 1460)

From Toll Road 130

- Take Exit for Chandler Rd./University Blvd. (FM 1431)
- Drive west on University Blvd. to A.W. Grimes (FM 1460)
- The hospital is on the left side of the intersection

Parking

Visitor parking is located in front of the Main Entrance to the hospital, facing A.W. Grimes (FM 1460).

Wheelchair assistance is available at your request.



Seton Medical Center Williamson
201 Seton Parkway • Round Rock, TX 78665

Important Numbers

Day Surgery Department:
 (512) 324-4290, Monday–Friday,
 5:30 a.m.–5 p.m.

Patient Representative:
 (512) 324-4082

Site Registration:
 (512) 324-4262

Case Management:
 (512) 324-4064

Registration and Pre-admission Testing

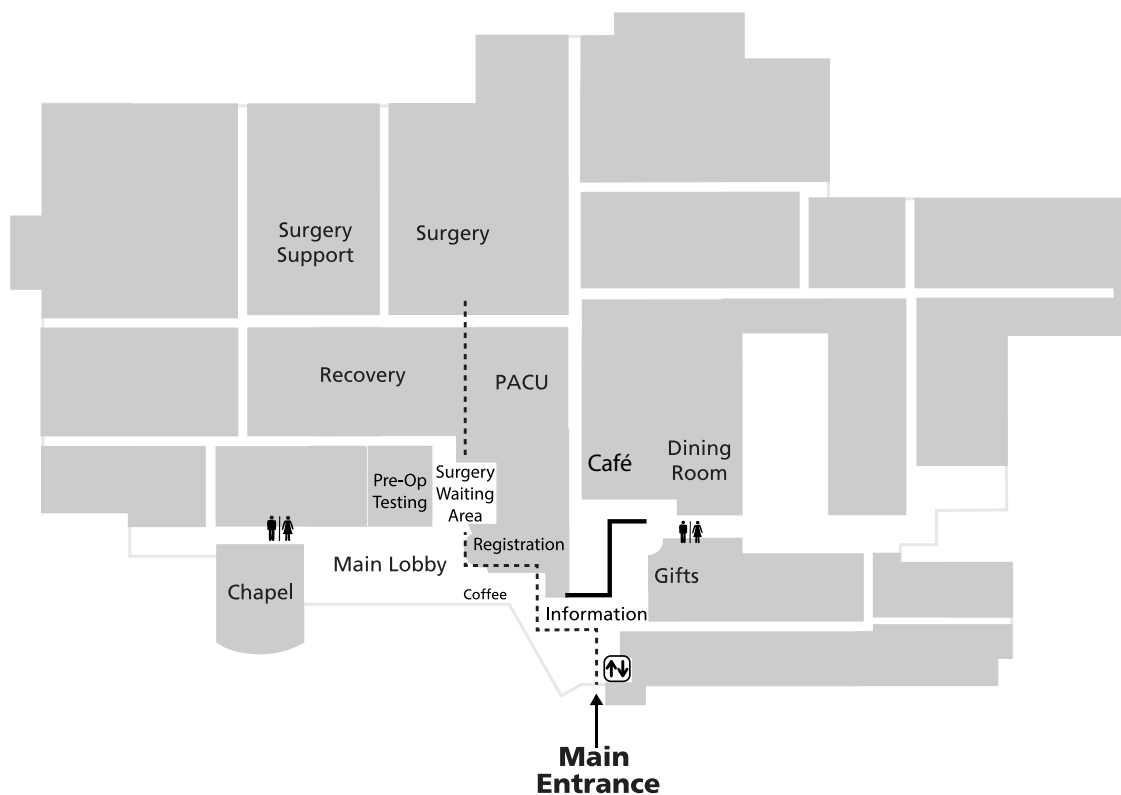
From the Seton Medical Center Williamson Main Entrance, the information desk is directly in front of you. If you need assistance, someone will be there to direct you. Otherwise, go directly to the registration desk, just around the corner to your left.

All patients undergoing general anesthesia are seen 3–7 days prior to surgery for pre-admission testing. For pre-admission testing appointments or for questions prior to day of surgical procedure: (512) 324-4280.

Guest Services

The café is located on the first floor to the right of the information desk, around the corner from the gift shop.

Chaplain services: (512) 324-4167



Seton Northwest Hospital



Driving Directions

From Mopac

- Take Mopac/Loop 1 to Hwy 183 exit
- Exit onto Hwy 183 going north
- Exit Braker Lane and go through light at Braker Lane
- Turn right into parking lot of the hospital

Parking

Patient/Visitor Parking is located on the northeast side of the hospital in front of the Main Entrance.

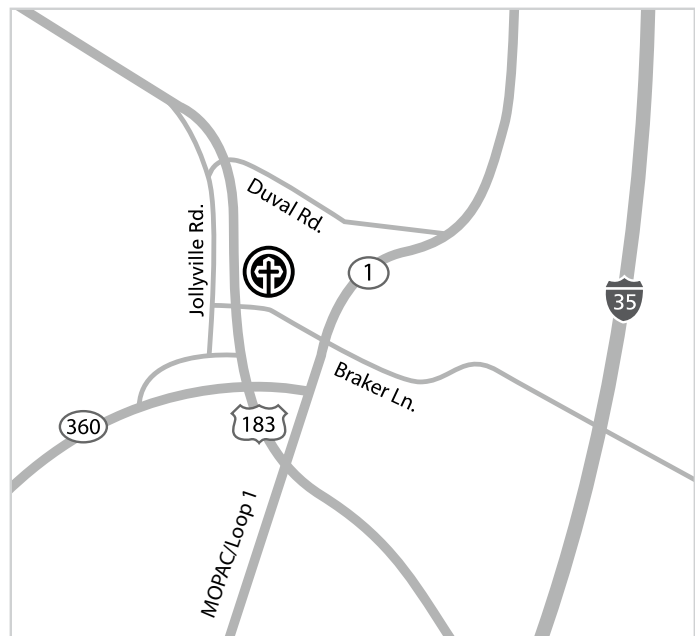
Important Numbers

Surgery Department:
(512) 324-6150

Patient Advocate:
(512) 324-4082

Case Management:
(512) 324-6032

Site Registration:
(512) 324-6000



Seton Northwest Hospital
11113 Research Blvd • Austin, TX 78759

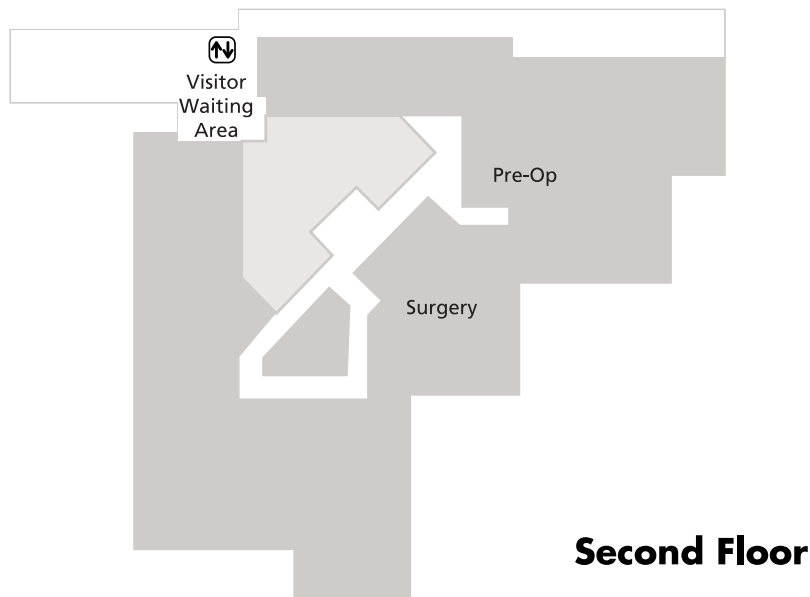
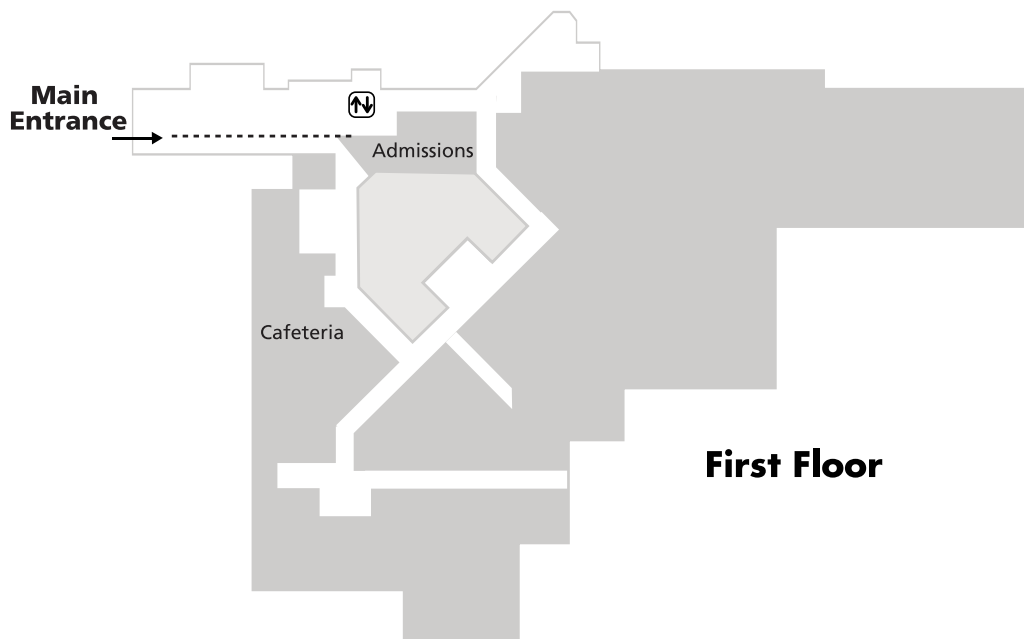
Surgery Registration

Registration for surgical procedures at Seton Northwest is in the first floor lobby located at the Main Entrance of the hospital. Call (512) 324-6000 with any questions about registering.

Guest Services

The cafeteria is located on the first floor of the hospital.

Chaplain services: (512) 324-6480



Seton Southwest Hospital



Driving Directions

From Mopac

- Take Mopac/Loop 1 to 290 West
- Exit 290 West on the left, onto FM 1826
- The hospital will be on your right

From 290 West

- Take 290 West to FM 1826
- Turn right onto FM 1826
- The hospital will be on your right

Thank you for choosing Seton Southwest. We hope to make your time here as pleasant as possible. If you have any questions or concerns, please call (512) 324-9004 between the hours of 7:00 a.m. and 4:30 p.m. on weekdays.

Parking

Please park in the front parking area and take the lobby elevator to the second floor. Travel forward off the elevator and you will see a sign above directing you to the Day Surgery Department. Take a right and go through the doors to enter the Day Surgery area. Please sign in at the waiting room desk at your scheduled arrival time, and then use the desk telephone to inform the Day Surgery staff of your arrival. You will then be escorted into the day surgery area.



Seton Southwest Hospital
7900 FM 1826 • Austin, TX 78737

Important Numbers

Surgery Department:

(512) 324-9604, Monday–Friday, 7 a.m.–3 p.m.

Day Surgery Department Direct Line:

(512) 324-9035, Monday–Friday, 7 a.m.–4:30 p.m.

Case Management:

(512) 324-9000, ext. 89177

Site Registration:

(512) 324-9005

Registration

Registration for surgical procedures is at the front desk on the first floor of the Main Building. Call (512) 324-9005 with any questions.

Guest Services

Seton Southwest does not have a cafeteria. A small vending area providing sodas and snacks is available.

Chaplain services: (512) 324-9011 or (512) 324-1480

University Medical Center Brackenridge



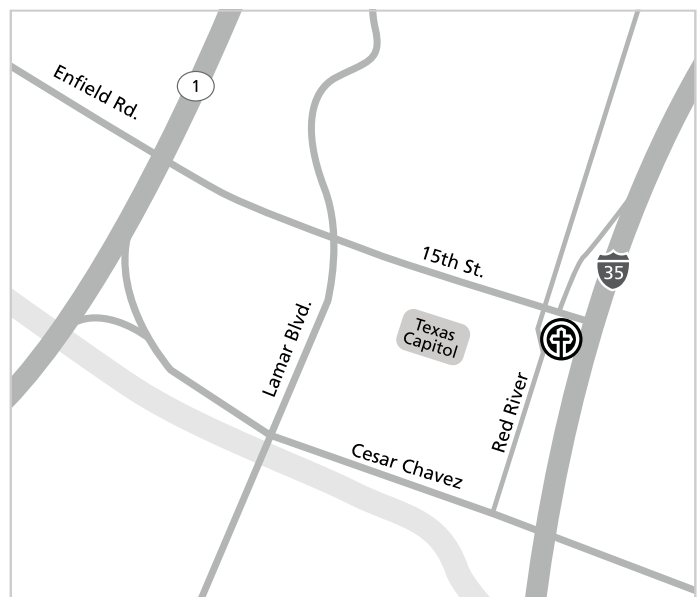
Driving Directions

From IH-35

- Exit 235A toward 15th St.
- Go west on 15th St. and you will see University Medical Center Brackenridge on your left
- Parking is available in the Brackenridge parking garage located at the corner of 15th and Red River
- The parking entrance is accessed via 15th St.

From Mopac/Loop 1

- Exit Enfield Rd.
- Head east on Enfield Rd. for 0.8 miles
- Take a slight left onto W. 15th St. and continue 1.2 miles
- University Medical Center Brackenridge will be on your right just after you cross Red River St.
- You will see the entrance for the hospital parking garage on your right



University Medical Center Brackenridge
601 E. 15th Street • Austin, TX 78701

Parking

On the day of your scheduled pre-admission testing and on the day of your scheduled surgery/procedure, you are allowed free parking for one car in either the valet parking area or the parking garage. Valet parking is located at the South Entrance on 15th St. If you exit either parking area, you will be expected to pay to re-enter. The fee for valet parking is \$10. Parking is charged hourly in the parking garage, with a maximum daily charge of \$9. Daily and weekly passes are available at discounted rates. All parking costs listed are subject to change.

Important Numbers

Surgery Department: (512) 324-7150, 24/7

Lab: (512) 324-7005

X-Ray: (512) 324-7111

Patient Advocate: (512) 324-7009

Case Management: (512) 324-7130

Site Registration: (512) 324-7167

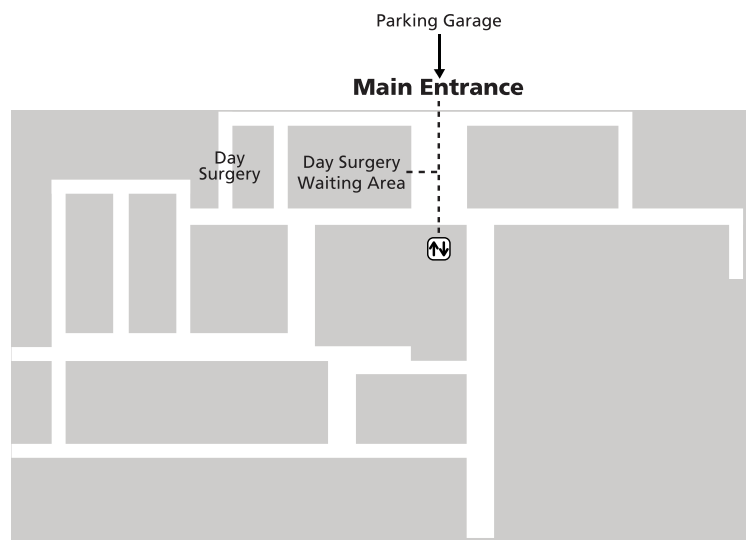
Surgery Registration

Registration for surgical procedures at University Medical Center Brackenridge is on the second floor of the hospital. Call (512) 324-7167 with any questions about registering.

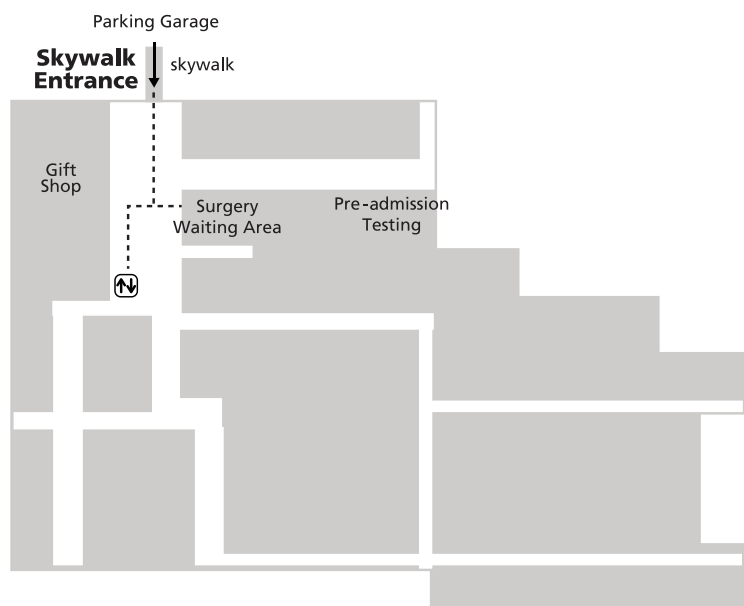
Guest Services

The cafeteria is located on the first floor of the hospital.

Chaplain services: (512) 324-7480



First Floor



Second Floor

PATIENT FORMS

This section contains important forms and documents.

Please tear out the forms and bring them with you to your surgery or procedure.
You will be provided a copy of these documents to keep for your personal records.

UNIVERSAL MEDICATION FORM

Date form started: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact/Phone Numbers: _____

PHARMACY where prescriptions are filled/PHARMACY of choice—location and phone number:

<p>IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)</p> <p><input type="checkbox"/> TETANUS</p> <p><input type="checkbox"/> FLU VACCINE(S)</p> <p><input type="checkbox"/> PNEUMONIA VACCINE</p> <p><input type="checkbox"/> HEPATITIS VACCINE</p> <p><input type="checkbox"/> OTHER</p>	<p>Food Allergic To/Describe Reaction:</p> <hr/> <p>Environmental Allergic To/Describe Reaction:</p> <hr/> <p>Allergic To/Describe Reaction:</p>
--	--

No Known Drug Allergies Height: _____ Weight: _____ lb / kg (Circle one)

Drug Allergy:	1.	2.	3.	4.	5.
Reaction:					
Drug Allergy:	6.	7.	8.	9.	10.
Reaction:					

<u>Medication Name</u> Prescription and non-prescription drugs, vitamins, herbal supplements, etc.	<u>Strength</u> List the strength of the drug.	<u>Dose</u> How many do you take at a time?	<u>Route</u> By mouth, injection, etc.	<u>Frequency</u> How often do you take this medication?	<u>Last Dose Taken</u> List the last date and time you took this medicine.
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					

Continued on back

CONTINUED LISTING FROM FRONT

<u>Medication Name</u> Prescription and non-prescription drugs, vitamins, herbal supplements, etc.	<u>Strength</u> List the strength of the drug.	<u>Dose</u> How many do you take at a time?	<u>Route</u> By mouth, injection, etc.	<u>Frequency</u> How often do you take this medication?	<u>Last Dose Taken</u> List the last date and time you took this medicine.
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					

- Write down all of the medicines you are taking and list all of your allergies.
- **Write down all changes made to your medicines** on this form. If you stop taking a certain medicine, draw a line through it and write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist or family member to help you to keep it up to date.
- When you are discharged from the hospital, someone will talk with you about **which medicines to take and which medicines to stop taking**. Since many changes are often made after a hospital stay, a new form should be filled out. When you return to your doctor, take your new form with you. This will keep everyone up to date on your medicines.

How Does This Form Help You?

- This form helps you and your family members remember all of the medications you are taking.
- This form provides your doctor(s) and others with a current list of ALL of your medications. Doctors need to know the herbals, vitamins and over-the-counter medicines you take!
- Concerns may be found and prevented by knowing what medicines you are taking.

Patient Name: _____

Date of surgery/procedure: _____

Patient Label

Patient History Intake Form

1. What is the phone number we can reach you at the evening before your surgery/procedure?

 Is it ok to leave a message for you on your phone? Yes No

2. Who is completing this form? _____

3. Who will bring you to the hospital? _____

4. Who is your emergency contact?

Name and phone number: _____

5. Please list the name and phone number of the person who will take you home when you are discharged. _____

Will this person help to care for you when you get home? Yes No

If no, list name and phone number of who will help care for you. _____

6. For females of childbearing age (12-55) N/A

Are you pregnant?	
<input type="checkbox"/> Possible unconfirmed	<input type="checkbox"/> Premenopausal
<input type="checkbox"/> Negative confirmed	<input type="checkbox"/> Postmenopausal
<input type="checkbox"/> Positive confirmed	<input type="checkbox"/> Unable to obtain
Due date _____	<input type="checkbox"/> Gave birth during this visit
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Not started menstruation	
<input type="checkbox"/> First day of your last menstrual period _____	<input type="checkbox"/> Unknown
<input type="checkbox"/> Are you currently breastfeeding? Yes No	

7. How tall are you? _____

8. Please list any health problems you have or have had in the past. Please explain any "Yes" responses.

Yes No

Heart (B/P, arrhythmia, History of Heart Surgery) _____

Lung (CF; Asthma) _____

Eyes/Ears/Nose/Throat _____

Have you been told you snore loudly?

Is your neck larger than 17 inches?

Do you often feel tired and sleepy during the day?

Diabetes _____

Thyroid/Endocrine disease _____

Liver problems/Hepatitis _____

Frequent heartburn _____

Intestine/Stomach (Chron's, IBS, GERD) _____

Kidney/Bladder/Incontinence _____

Anemia _____

Bleeding/Clotting Disorder _____

Autoimmune disease (rheumatoid arthritis, sarcoidosis, lupus, etc.) _____

Infections (HIV, Lyme disease, MRSA, TB, etc.) Please List: _____

ALLERGIES: _____

These are screening questions for Sleep Apnea, also called "Obstructive Sleep Apnea" or "OSA."

Patient Name: _____

Patient Label

Date of surgery/procedure: _____

Health problems (continued) Please explain any "Yes" responses.

Yes No

- Skin _____
- Bone/Joint/Muscle (arthritis, osteoporosis, back pain, fibromyalgia) _____
- Neurological (ADD, MS, MD, CP, Alzheimer's, Parkinson's, migraines, numbness, etc.) _____
- Cancer _____
- Psychiatric (depression, anxiety, bipolar, PTSD, schizophrenia) _____
- Have you ever been told you are allergic to latex (balloons, gloves, condoms — not adhesives) or reacted to latex products? If yes, list your allergic symptoms. _____
- Have you had anesthesia/sedation in the past? _____

9. Please list all surgeries/procedures and dates.

10. Please list any family medical history (blood relative) that we need to be aware of to provide your care during this admission.

11. Have you or any blood relative had any of the following reactions to anesthesia?

Yes No

	Self	Blood Relative	Comments
High temperature caused by anesthesia			
Slow to regain muscle movement (Pseudocholinesterase Deficiency)			
Severe nausea and/or vomiting after anesthesia			
Told it was difficult to place the breathing tube in your airway			
Prolonged confusion after anesthesia			
Significant change in blood pressure			
Motion sickness			

Yes No

- Are you willing to receive blood/ blood products in an emergency?
- Have you or someone else donated blood to be given to you during this admission? Myself Someone else
- Have you received a blood transfusion in the past?
- If yes, have you had a transfusion reaction? If yes, please describe in detail _____

Patient Name: _____

Date of surgery/procedure: _____

Patient Label

12. Do you or have you ever used any of the following? Yes No

	What kind? How much?	How often?
Tobacco products		
Alcohol		
Alternative medical treatments (acupuncture, herbal therapy, etc.)		
Recreational drugs		

13. What is the patient's preferred language? _____

What is the caregiver's preferred language? _____

14. List any other language you or your caregiver are comfortable speaking. _____

15. Do you need an interpreter? Yes No

16. Please check all that you presently have/use:

- Glasses
 - Contacts
 - BiPAP/CPAP
 - Removable Dental Pieces (Dentures)
 - Walker/Cane/Crutches/Wheelchair
 - Removable prosthesis
 - Oxygen at home
 - Hearing Aid Right/Left/Both
 - Pacemaker and/or Defibrillator
- If yes, name of physician who cares for you and your device _____

17. Do you have any dietary restrictions? Yes _____ No

18. Do you have any cultural, ethnic or religious beliefs that need to be included in your care or education while in the hospital?

Yes (describe) _____ No

19. While in the hospital, how will you learn best about your surgery/procedure?

	Doing	Reading	Hearing	Watching	Comment
Patient					
Caretaker/family					

20. Do you have any barriers to learning? Yes No Hearing Language Visual Anxiety Literacy

21. Does your caregiver have any barriers to learning? Yes No Hearing Language Visual Anxiety Literacy

22. Have you enacted any of the following?

Directive to Physicians Yes No

Medical Power of Attorney Yes No If Yes, MPOA name, Phone number _____

Declaration for Mental Health Treatment Yes No

Organ/Tissue Donation Yes No

If you have enacted any of the above, please bring them to the hospital the day of your surgery/procedure.

23. Screening: Do you have:

Night sweats? Yes No

Bloody, persistent cough? Yes No

Fever/chills? Yes No

24. Have you traveled outside of the country in the last three months? Yes No

If so, where? _____

Advance Directives and Resuscitation

Any request for Do-Not-Resuscitate (DNR) status requires special consideration when the patient will receive anesthesia or sedating medications as part of operative or other procedures. Because any anesthetic or sedating medications may compromise circulation or respiration, physicians and anesthesiologists may feel obliged to treat any compromise, which is due to the anesthetic or sedating medication. Resuscitative measures, when necessary, are considered a part of routine care during anesthesia or sedation.

When scheduled for surgery or other procedure requiring any form of anesthesia or sedating medication, the patient, family or designated surrogate, and those treating that patient must understand that routine anesthesia care or sedation care may include resuscitation (endotracheal intubation, ventilation or use of drugs to support circulation), regardless of the patient's DNR status.

If resuscitation during a procedure poses a conflict with the patient's DNR status or advance directive(s), the patient, family or designated surrogate should request to speak with the patient's physician regarding the conflict.

Directive to Physicians and Family or Surrogates

Instructions for completing this document:

This is an important legal document known as an advance directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes usually are based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other healthcare provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative or other advisers. You also may wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I, _____ (insert your name), recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld, and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.
(This section does not apply to hospice care.)

If, in the judgement of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld, and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.
(This section does not apply to hospice care.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatment in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____
2. _____

If the above people are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgement of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed: _____ Date: _____

City, County, State of Residence: _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a healthcare facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1: _____ Witness 2: _____

Definitions:

- **“Artificial nutrition and hydration”** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).
- **“Irreversible condition”** means a condition, injury or illness:
 1. that may be treated, but is never cured or eliminated;
 2. that leaves a person unable to care for or make decisions for the person’s own self; and
 3. that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver or lung), and serious brain disease, such as Alzheimer’s dementia, may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important people in your life.

- **“Life-sustaining treatment”** means treatment that, based on reasonable medical judgement, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support, such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient’s pain.
- **“Terminal condition”** means an incurable condition caused by injury, disease or illness that according to reasonable medical judgement will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not consider the relative benefits and burdens of treatment. Discuss your wishes with your physician, family or other important people in your life.

Medical Power of Attorney

This is an important legal document. You should know these important facts:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all healthcare decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them for yourself.

Because “health care” means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of healthcare decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent’s instructions or allow you to be transferred to another physician.

Your agent’s authority begins when your doctor certifies that you lack the capacity to make healthcare decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your healthcare as you would have.

It is important that you discuss this document with your physician or other healthcare providers before you sign it, to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and who can answer your questions. You do not need a lawyer’s assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as your health care agent should be someone you know and trust. The person must be 18 years of age or older, or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider. The law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for healthcare decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make healthcare decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, or by your execution of a subsequent Medical Power of Attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make healthcare decisions for you.

This power of attorney is not valid unless it is signed in the presence of two competent adult witnesses. The following may not act as one of the witnesses:

1. The person you have designated as your agent;
2. A person related to you by blood or marriage;
3. A person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
4. Your attending physician;
5. An employee of your attending physician;
6. An employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner or business office employee of the health care facility or of any parent organization of the health care facility; or
7. A person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

Designation of a Health Care Agent

I, _____ (insert your name), appoint: _____

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

as my agent to make any and all healthcare decisions for me, except to the extent I state otherwise in this document. This Medical Power of Attorney takes effect if I become unable to make my own healthcare decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

Designation of an Alternate Agent

You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same healthcare decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.

If the person designated as my agent is unable or unwilling to make healthcare decisions for me, I designate the following person(s) to serve as my agent, to make the healthcare decisions for me authorized by this document, who serve in the following order:

A. First Alternate Agent

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

B. Second Alternate Agent

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

The original of this document is kept at:

The following individuals or institutions have signed copies:

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Duration

I understand that this Power of Attorney exists indefinitely from the date I execute this document unless I established a shorter time to revoke the Power of Attorney. If I am unable to make healthcare decisions for myself when this Power of Attorney expires, the authority I have granted my agent continues to exist until the time I become able to make healthcare decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date:

PRIOR DESIGNATIONS REVOKED I revoked any prior *Medical Power of Attorney*.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT I have been provided with a disclosure statement explaining the effect of this document. I have read and understood the information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS MEDICAL POWER OF ATTORNEY)

I sign my name to this Medical Power of Attorney.

on _____ day of _____ (month), _____ (year) at _____ a.m./p.m.

in _____ (City and State)

(Signature)

(Print name)

STATEMENT OF FIRST WITNESS

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner or business office employee of the health care facility or of any parent organization of the health care facility.

First Witness: _____

Signature: _____

Printed name: _____

Date: _____

Second Witness: _____

Signature: _____

Printed name: _____

Date: _____



At Seton, our goal is to provide the best care possible with the dignity and respect that everyone deserves.

Welcome to Humancare.

