



200 Bowman Dr Suite E-360 Voorhees, NJ 08043
NJ 856-751-7880 PA 888-876-7880 Fax 856-751-9133

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Mandatory Health History Checklist

In order to avoid any complications during your child's surgery or to prepare the facility of any precautions they must take, it is important that the facility has all medical information they will need. To ensure that the facility is aware of all past and current medical history of your child, please complete the health survey/checklist provided in this packet.

***This is a mandatory requirement for preparation of your child's surgery. Per the facility, if we do not receive this health survey checklist prior to the surgery date, it will result in cancellation of your child's surgery. The facility will not allow performance of a procedure on your child without knowledge of their current medical status and background (i.e. allergies, past surgical procedures/complications, disorders or conditions).**

After completion, you can either fax the checklist to us at (856) 751-9133 or mail to us at:
200 Bowman Drive, Ste E-360
Voorhees, NJ 08043.

****Health history checklist MUST be returned to us by: ____/____/____ to avoid cancellation.***

Diagnosis AND Codes(s): _____

Procedure(s): _____ Procedure Date: _____

Pre-Cert #: _____ PAT Req.Date: _____

Primary Physician: _____ Phone: _____

Patients having low risk procedures do not need any pre-procedure testing, unless with permanent pacemaker or AICD, with ESRD a female age 12 - 50

Patient Stamp

PATIENT: Date: _____ Name: _____ Age: _____

Date of Birth: _____ Home Phone: () _____ Work Phone: () _____

Height: _____ Weight: _____

Patients undergoing Intermediate or High Risk Procedures

PLACE AN "X" IN THE BOX THAT APPLIES

	Yes	No	Unsure
1. a. Are you 50 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you female between ages 12 and 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Therapies

2. Do you take any of the following medications:

	Yes	No	Unsure
a. Blood Thinners Coumadin, Lovenox or any other (except Aspirin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chemotherapy Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dilantin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Digitalis (Digoxin, Lanoxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Diuretics (Water pills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Steroids (Prednisone, Cortisone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have a Permanent Pacemaker or an Implanted Automatic Cardioverter/Defibrillator (AICD)?

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have any of the following health related problems, conditions or diseases?

	Yes	No	Unsure
a. Renal Insufficiency or End Stage renal disease (Kidney failure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anemia, low blood count, Sickle Cell Disease or other blood disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty with blood clotting (bleeding excessively when cut or history of low blood platelets?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart Disease (blocked arteries of your heart or high blood pressure?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have any of the following conditions?

	Yes	No	Unsure
a. COPD or Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shortness of breath with activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. History of sleep apnea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever had any of the following medical problems:

	Yes	No	Unsure
a. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parathyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liver disease (Hepatitis, Cirrhosis, Alcohol abuse)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Illicit drug use within the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In the past 6 months have you experienced any symptoms from:

	Yes	No	Unsure
a. An overactive Thyroid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. An underactive Thyroid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have any allergies to medications or Latex? Yes No Unsure

Medication	Reaction

9. Are you currently taking any medications, supplements, herbals or vitamins? (Please list below) Yes No Unsure

Medication	Medication

10. Are you having knee or hip surgery? Yes No Unsure

11. Is there a possibility of pregnancy? Yes No Unsure

Date of last menstrual period: _____

12. Are you having colon surgery? Yes No Unsure

PHYSICIAN'S USE ONLY:

Is this an ERAS patient? Yes No Unsure

Nutritional Supplement in all colon surgery patients: 24 cans of Ensure Complete or Glucerna in diabetics

Medical Consult: Dr.(s) SDS AM Admit

Anesthesia Consult: Airway/Intub Post-op Epidural

Pain Management Consult: Reason: _____

Autologous Blood _____ units Anesthesia Pref. _____

Additional Pre-admission Testing Orders:

PHYSICIAN: SIGN & DATE ORDERS ON PAGE 2

DO NOT WRITE IN THIS SPACE



VIRTUA RECOMMENDED PREOPERATIVE LABORATORY TESTING GUIDELINES

It is well established that the best way to screen for disease is by history and physical exam, and there is usually lack of benefit from routine laboratory tests as a method for assessing patients preoperatively. In fact, lab tests are only effective as a screen for a disease when the patient has appropriate risk factors or to confirm a clinical diagnosis. Therefore, in an attempt to streamline the preoperative process and decrease inappropriate resource utilization, these lab test guidelines are suggested.

If a test is questionable, please consult a physician prior to ordering.

LEGEND	RECOMMENDED TESTING											
Key for Test Required: EKG, CXR sufficient for 6 months CBC, BMP, PT/INR/ PTT sufficient for 60 days X = Obtain test X ^a = Obtain test within 7 days X ^b = Anesthesia orders labs/EKG day of surgery ? = Consider test	CBC	BMP	PT/PTT/INR	AST/Alk Phos	TSH	Tt4	Drug Screen	EKG	CXR	Pregnancy Test	Pulmonary Function Test	Follow ESRD Protocol
	LOW Risk Procedure											
Permanent Pacemaker or AICD							X					
D & E, D & C	X ^a											
End-Stage Renal Disease (ESRD)												X ^b
Women Age 12-50									X ^a			
INTERMEDIATE and HIGH Risk Procedures												
Age > 50							X					
Permanent Pacemaker or AICD							X					
Women Age 12-50									X ^a			
Anemia/Hemoglobinopathy/Sickle Cell	X											
Bleeding disorder/Coagulopathy	X	X										
Cardiovascular disease: (CAD, CHF, HTN, Valvular Heart disease, Arrhythmias or PVD)	X	X					X					
COPD	X	X					X	?				
Diabetes		X					X					
Hepatitis/Cirrhosis/Alcohol abuse	X	X	X	X			X					
Drug Abuse Polysubstance Abuse							X					
Hyperthyroidism (symptomatic)					X ^a		X					
Hypothyroidism (symptomatic)					X ^a		X					
Parathyroid disease												
Malignancy	X						X	?				
Renal Insufficiency OR ESRD	X	X					X					X ^b
Sleep Apnea or BMI >40	X	X					X					
Pneumectomy Planned							X			X		
Drug Therapies												
Anticoagulants	X	X										
Chemotherapy	X											
Dilantin or Phenobarbital							X					
Digoxin		X					X					
Diuretic or Steroid		X										

Notes: Risk stratification of surgical procedures is a guide only and is not all-inclusive.

1. Low Risk Procedures: Cystoscopy/ureteroscopy, EGD/colonoscopy, Biopsies under local/MAC, Breast procedures (simple mastectomies, lumpectomy), Hand cases under MAC, Podiatry cases under MAC, Pain procedures (ESI, TFESI), Vein stripping, SQ Ports, Non-laparoscopic GYN (D&E, D&C, LEEP, Novasure), Cataracts, AV Fistulas under MAC
2. Intermediate Surgery: • CEA, Orthopedics, ECT, Prostate, Intraoperative/intrathoracic, Head & Neck; Robotic Surgeries; Abdominal Hysterectomy.
3. Major Surgery: • Major Vascular (AAA), Peripheral Vascular (FemPop, etc), Cases with prolonged OR time and significant Hemodynamic Stress(e.g. complex intraabdominal cases, prolonged Neuro or spine, revision total joints, Whipple, cystectomy with ileal conduit or neo bladder, open nephrectomy, etc.)

The physician's own judgment is needed regarding patients with diseases not listed.



VIRTUA HOSPITAL VOORHEES
100 Bowman Drive
Voorhees, NJ 08043
856-247-3000 Phone

Pediatric Orientation for Parents

Welcome to the Pediatric Unit at Virtua West Jersey Hospital Voorhees. We hope that the following information will be helpful during your child's hospital stay.

Comfort Care

The comfort of your child is our number one concern. In the hospital, we avoid 'shots' (injections), but also take a proactive approach to pain management. If a procedure, such as drawing blood, is not urgent, the staff can apply a 'magic cream' (EMLA) to the area. This will help to reduce the discomfort of the procedure.

It's important that we work as a team in assessing your child's level of comfort. The staff uses age-appropriate pain tools to gauge your child's pain. Your input about your child's verbal and non-verbal responses to pain is important to us.

Security

We are a secured unit. All children will be provided with an identification band. Parent(s) are also provided with an orange band to help eliminate the need for a visitor pass. Please keep these bands on until your child leaves the hospital. To enter our unit, visitors must pick up the phone outside of the doors. We will ask you to identify yourself and unlock the door from the inside. Remember to push firmly on the door to enter.

Visitation

We encourage you to stay with your child to provide emotional support and to be an active participant in his care. Each room is equipped with one sleep sofa for any parent wishing to stay overnight. The staff will be happy to supply the linen for the sleep sofa. Linens should be stored in the bedside cabinet, along with any parent belongings. We ask that all sleep sofas be closed during the day. This will make more room for your child's visitors.

Visiting Hours:

Parents - 24 hours a day

General hours - 11 A.M. - 8 P.M.

Please do not leave visiting children unattended at the bedside or in the playroom at anytime. Help us to minimize the risk of infection by discouraging anyone who might be sick from visiting.

Telephone

For local calls, please dial "9-1", wait for the dial tone and dial your number. If the call is long-distance, dial "9-1-0", then the area code and number.

TV/VCR/Xbox Game Systems

A cable television is provided at each bedside at no charge to our patients and families. There are children's VHS tapes in the playroom. DVD's are available. One DVD may be borrowed at a time.

Pantry

Formula, cereal, ice pops and juices can be found in the pantry next to the playroom. If you would like to bring your child's favorite foods from home, a microwave is available for your convenience. Please remember to check with your child's nurse regarding the diet ordered by your doctor before bringing in food from home. If you wish to store food in the refrigerator, please label the food with the date and your child's name.

The cafeteria is open from 7A.M. to Midnight. If you wish to eat with your child, food purchased from the cafeteria can be brought back to the room.

Starbucks Coffee

This is located on the Garden Level next to the cafeteria. They have coffee, tea, and baked goods.

Hours:	Monday-Friday	6a.m. - 4p.m.
	Saturday & Sunday	6a.m. - 2p.m.

Playroom

A playroom is available on the unit. We ask that children are supervised by an adult. There is a computer, Xbox, TV and DVD player. Toys and games are provided for your child's enjoyment during their stay. Children on isolation are unable to visit the playroom, but will be provided with bedside activities until cleared by their doctor. Please help us keep the playroom clean and safe for all to enjoy by placing used toys in our marked bin in the playroom, putting games away and throwing out trash.

Safety

To avoid accidents, side rails on the cribs must be completely raised when you are not at the bedside. We also ask that no medication be left at the child's bedside to avoid accidental ingestion. Please help us to keep a safe and clean environment for your child.

Smoking

No smoking is permitted!

Restrooms

There is a restroom available for visitors located outside the pediatric unit in the family waiting area.

Parental Care

The staff and doctors support family centered care on the pediatric unit at Virtua Hospital Voorhees. We encourage you to be active participants in your child's care. However, if at anytime, you are unable to be with your child, the staff will help to meet the needs of your child and be available to help answer any questions. Please feel free to call your child's nurse at any time. Our number is (856)247-3921.

Helpful Hints

1. Please place all soiled diapers in the labeled container provided at your child's bedside. The staff needs to weigh all diapers.
2. Have older children use the containers provided for urine and stool collections.
3. Due to regulations, staff may not provide medications (such as Tylenol, aspirin, antacids, etc.) to parents. The gift shop located on the Garden Level usually has these items available for purchase. The hours for The Well Gift Shop on the Garden Level in Lobby A are Monday-Friday from 9a.m. to 8p.m. and Saturday/Sunday from 9a.m. to 5p.m.
4. We ask that no medication be kept at the child's bedside. Medications will be provided by the hospital as needed. If you have your child's medication with you and are unable to take it home, please let your nurse know and we will keep the medication in a safe place until discharge.
5. Parents are encouraged to bring a favorite toy, movie, blanket or other familiar item to help comfort your child during their stay!
6. Many area restaurants deliver food to the hospital. Please see staff for a list of restaurants and menus.



www.virtua.org | 1 888-VIRTUA-3

Virtua Voorhees
100 Bowman Drive
Voorhees, NJ 08043
(856) 247-3000

V O O R H E E S C A M P U S

Directions

From Points North

Take New Jersey Turnpike to Exit 4. Take Route 73 South. Stay on Route 73 South for approximately 5.7 miles. Pass the Route 73 and Kresson Road intersection. Turn right at the next traffic light onto Dutchtown Road. Turn left onto Howe Boulevard and proceed to Bowman Drive.

From Points South

Take Route 295 North to exit 34A onto Route 70 East. In 3.1 miles, take Route 73 South and proceed for 2.9 miles. Pass the Route 73 and Kresson Road intersection. Turn right at the next traffic light onto Dutchtown Road. Turn left onto Howe Boulevard and proceed to Bowman Drive.

Alternative Route from Points South

From the Atlantic City Expressway or Route 42, take Berlin Cross Keys Road north to Route 73 North. Travel 3.4 miles and turn left at the traffic light onto Dutchtown Road. Turn left onto Howe Boulevard and proceed to Bowman Drive.

From Walt Whitman Bridge

When exiting the bridge, follow exit to Route 76 East. Proceed on Route 76 East to 295 North. Follow directions FROM POINTS SOUTH.

From Ben Franklin Bridge

Follow signs for Route 676 South, which becomes Route 76 East. Proceed on Route 76 East to Exit 295 North. Follow directions FROM POINTS SOUTH.

Bus Route

Route 451 stops at the hospital. For more information, call New Jersey Transit at (800) 772-2222

Helpful Hints for your Hospital Stay!

What you may need:

Children and Teens:

- Favorite Toys, Games, Books, Magazines and Music
- Special Blanket or Pillow
- Pajamas or Comfortable Outfit
- Favorite DVD Movie
- Pictures of Family or Friends
- iPod or Portable Video Game System

Parents and Caregivers:

- Copy of your child's medical history
- List of child's medications
- Insurance card
- Phone numbers of family/friends
- Cell phone or phone card
- Magazines or books
- Comfortable clothing
- Toiletries

Child Life

The Child Life Specialist for Pediatrics and PICU is Beth Van Buskirk. Child Life can help children and families cope with a healthcare experience providing education/preparation prior to procedures, sibling support and diversion in the playroom or at bedside such as video games/movies or arts and crafts. Please ask nursing or call Beth direction t 247-3560 with any questions. Child Life hours are Monday through Friday.



PREOPERATIVE FEEDING INSTRUCTIONS FOR ELECTIVE DAY SURGERY PATIENTS

For your child's safety, it is very important that you follow these feeding instructions exactly. If these feeding instructions are not followed, your child's operation may be cancelled or delayed for many hours. You must call us the morning of surgery if these instructions are not followed.

FOR INFANTS NEWBORN TO 6 MONTHS OF AGE:

- Formula and solids (baby food) may be given until 6 hours before the time you are told to be at the hospital
- Breast milk may be given until 4 hours before the time you are told to be at the hospital
- Clear fluids may be given until 2 hours before the time you are told to be at the hospital

FOR CHILDREN OVER 6 MONTHS OF AGE:

- Stop all food at 12:00 midnight the night before surgery including: solid food, candy, chewing gum, milk, milk products and formulas, yogurt, orange juice, juices with pulp, soda, and any carbonated beverage.

CLEAR FLUIDS:



- Your child is allowed to have clear fluids
- Clear fluids may be continued until 2 hours before the time you are told to be at the hospital
- The last drink you give your child cannot be more than 1 cup (8oz.)

CLEAR FLUIDS ARE:



- Water
- Apple juice
- Pedialyte
- Ice popsicles
- Plain jello

Please call us if you have any questions or concerns:
(856) 247-3811