

Dear Patient,

This packet of information has been given to you prior to your procedure so that you can fill out the necessary forms before you come to El Camino Health's Mountain View Hospital.

A representative from the Patient Registration department may be calling you regarding a co-payment of insurance or cash account deposit (if any). Bring only that amount of money or method of payment with you to the hospital. Do not bring extra money or unnecessary credit cards.

**Please read and complete the following forms and bring them to the hospital at the time of your procedure.**

- Pre-Admission Record — No need to pre-register, as stated on this form
- Patient Admission Information (**please complete prior to arriving at hospital**)

**Please register at Patient Registration** (on Sobrato Pavilion second floor, accessed from Main Hospital) 90 minutes prior to the procedure time — 6:00 a.m. if your case is scheduled for 7:30 a.m. When hospital registration is completed you will be directed to the Endoscopy Center.

Other information in this packet to be **read prior to registration** includes:

- Maps of the hospital and parking
- Introduction to Endoscopy (**please read prior to arriving at the hospital**)
- Other Information: Preventing the Spread of Infection / Tips for Preventing Falls at Home / RoadRunners Transportation

**DO bring your insurance card and photo identification.**

**Please DO NOT bring cash (other than your co-payment), jewelry, credit cards, or anything else of value to the hospital.**

**You must have someone to drive you home.** If you don't, prior to the day of your procedure, you may contact **El Camino Hospital Transportation (RoadRunners) at 650-940-7016** to make transportation arrangements. Please note that RoadRunners provides transportation within a 10-mile radius of the hospital campus.

Other than the forms in this packet required by the hospital, you will receive at least one form from your doctor's office regarding the preparation instructions for your procedure. There may also be other forms from the doctor's office.

If you have any questions regarding the preparation instructions for your procedure please contact your doctor's office. If you have any other questions, please contact the Endoscopy Center Monday through Friday, 6:00 a.m. to 3:30 p.m. at 650-988-8351.

For information on the measures that El Camino Health takes to keep you safe at our hospitals, please visit [elcaminohealth.org](http://elcaminohealth.org).

Thank you.



2500 Grant Road, Mountain View, CA 94040-4378  
815 Pollard Road, Los Gatos, CA 95032

EL CAMINO HOSPITAL

Please complete and return form to Patient Registration prior to the date you are to enter the hospital  
**PLEASE ATTACH A COPY OF YOUR CURRENT INSURANCE CARDS OR BRING THEM WITH YOU ON ADMISSION**

Patient Registration Department: Mountain View 650-940-7111

## PRE-ADMISSION RECORD

PATIENT INFORMATION										
Date To Enter Hospital	Physician	Maternity <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Care Physician (PCP)	Due Date / /	Maiden Name: Previous Name:	Approximate Date Last Treated	I authorize the hospital to verify my insurance benefits for this hospital service. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature _____			
Patient's Legal Name (Last, First, Middle)				Place of Birth	Date of Birth	Age	Sex	Marital Status	Religious Preference	Social Security Number
Patient's Address (Street, City, State, Zip Code)						Email Address			Patient's Home Phone	
Patient's Employer		Occupation		Patient's Work Address (Street, City, State, Zip Code)				Patient's Work Phone		
Name of Emergency Contact		Address (Street, City, State, Zip Code)				Home Phone		Work Phone	Relationship to Patient	
Name of Person Responsible for Hospital Bill (if other than patient)			Address (Street, City, State, Zip Code)				Home Phone		Relationship to Patient	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> None-Hispanic		Principal Language Spoken:		Race <i>The State requires hospital to collect statistical information on Race and Ethnicity. Providing this information is voluntary.</i> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Native American / Eskimo <input type="checkbox"/> Other _____						

PRIMARY INSURANCE		INSURANCE COVERAGE INFORMATION						EMP STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED			
Insurance Company Name		Identification Number		Group Number	Insured Person's Name		Insured's Sex	Insured's Employer		Work Phone	
Insured's Birthdate	Insured's Social Security Number		Patient's Relationship to Insured		Authorization Number		Insurance Verification Phone Number				
SECONDARY OR SUPPLEMENTAL INSURANCE		Insurance Company Name		Identification Number	Group Number	Insured's Person Name		Insured's Sex	Insured's Employer		Work Phone
Insured's Birthdate	Insured's Social Security Number		Patient's Relationship to Insured		Authorization Number		Insurance Verification Phone Number				
WORK RELATED INJURY		Employer at Time of Injury		Employer's Address (Street, City, State, Zip Code)				Employer's Work Phone		Date of Injury	
Industrial Insurance Name		Industrial Insurance Address (Street, City, State, Zip Code)				Ind Insur Phone Number		Claim Number (if known)			
CHAMPUS		Card Number	Effective Date	Expiration Date	Name of Sponsor (Last, First, Middle)			Service Number		Grade	
Patient is a: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Retiree		Organization & Duty Station (Home Port/Retiree's Address)			Branch of Service <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USPHS <input type="checkbox"/> EESA			Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Deceased			
Social Security Number											



Patient Label
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## Endoscopy Patient Admission Questionnaire

Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

 No Known Allergies    List all ALLERGIES below (include food/medication/contact/ tape/latex)

Allergy	Reaction	Severity (LOW/ MEDIUM/ HIGH)

**HOME MEDICATIONS:** *Include ALL medications below including over the counter and vitamins.*

Drug	Dose	Route	Frequency	Date Last Taken	Reason/Indication

 Have you ever had ANY reaction to anesthesia?  No  Yes (explain) \_\_\_\_\_  
 \_\_\_\_\_

 Have you or a relative ever had malignant hyperthermia?  No  Yes

**MEDICAL HISTORY:** (high blood pressure, diabetes, depression, heart or lung issues, cancer)
   
\_\_\_\_\_
   
\_\_\_\_\_

**SURGICAL HISTORY:** (list ALL surgeries, including the year) \_\_\_\_\_  
 \_\_\_\_\_

Last Colonoscopy: \_\_\_\_\_ Type of bowel preparation: \_\_\_\_\_ Result: \_\_\_\_\_

 Do you Smoke?  No  Yes \_\_\_\_\_ packs/day \_\_\_\_\_ years  Quit \_\_\_\_\_ year

 Do you drink Alcohol?  No  Yes  Defer

 Glasses of Wine: \_\_\_\_\_  Cans of Beer: \_\_\_\_\_  Shots of liquor: \_\_\_\_\_ Alcohol/week \_\_\_\_\_


Do you use any Recreational Drugs?  No  Yes if yes Type: \_\_\_\_\_ how often \_\_\_\_\_

Caffeine Intake: How many cups/day?  0 cups  1-2 cups  3-4 cups  5+ cups

Implants: (any implantable devices, pacemakers, dialysis shunts, IV ports, stents): \_\_\_\_\_

Date and Time of last liquid intake: \_\_\_\_\_

Date and Time of last solid intake: \_\_\_\_\_

Do you need an interpreter?  No  Yes If yes, language requesting \_\_\_\_\_

Do you have an Advance Directive?  Yes  No

If Yes, have you reviewed your Advance Directive and is it valid for this stay?  No  Yes  Not Applicable

If No, would you like information regarding Advance Directives?  No  Yes

Vision: Right Eye  Intact  Mildly impaired  Moderately impaired  Severely impaired  Blind

Left Eye  Intact  Mildly impaired  Moderately impaired  Severely impaired  Blind

Hearing: Right Ear  Functional  Difficulty with noise  Deaf  Hearing aid  Cochlear implant

Left Ear  Functional  Difficulty with noise  Deaf  Hearing aid  Cochlear implant

**ASSIST DEVICES (circle)**

Eyeglasses	Denture Full	Dentures Partial	Dentures Upper	Dentures Lower	Hearing aid Right	Hearing aid Left
Contacts	Other: _____	Prosthesis _____	Walker	Wheelchair	Crutches	Oxygen prn or cont.

Recent weight loss without trying?  No  2-13 lbs.  14-23 lbs.  24-33 lbs.  >33 lbs.  Unsure

Do you have a poor eating due to decreased appetite?  No  Yes

Other risk factors?  PPN, TPN prior to admission  Tube Feeding prior to admission  TPN/PPN or Tube Feeding planned this admission  No

Have you been admitted to any healthcare Facility within the last 30 days?  No  Yes

Do you have or had a history of MRSA?  No  Yes if yes, when? \_\_\_\_\_

Do you have any current Infections?  No  Yes If yes, explain \_\_\_\_\_

Are you currently on dialysis?  No  Yes

Do you have or had a history of C. diff?  No  Yes if yes, when? \_\_\_\_\_

Have you been hospitalized in a hospital outside the US in the last 6 months?  No  Yes

Do you wear a transdermal patch?  No  Yes (i.e. medication/nicotine/nausea) type: \_\_\_\_\_

Patient Label
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Physical abuse/verbal abuse?  No  Yes

Any Religious or Cultural requests during your hospitalization:  No  Yes if yes explain \_\_\_\_\_

\_\_\_\_\_  
 No blood products (Jehovah witness) \_\_\_\_\_

Have you had any recent self-harm or suicidal thoughts/ attempts?  No  Yes

Have you ever been diagnosed with obstructive sleep apnea (OSA)?  No  Yes

Do you use CPAP/BIPAP machine?  No  Yes (if yes, please leave your machine at home)

Do you have any skin disorders, bruises, open wounds or skin breakdown?  No  Yes

Check box if you have had any of the following:  Falling/dizziness/vertigo  History of DVT or PE

Birth control or hormone replacement  Varicose veins/swollen legs  Family history of blood clots

Irritable/Inflammatory bowel disease  Clotting disorder

Whom do you live with?  Spouse/sign other  Children  Alone  Friend  Other \_\_\_\_\_

If living in care facility, name of facility \_\_\_\_\_ Phone number \_\_\_\_\_

If going home the same day, do you have someone to drive you home?

No  Yes Name \_\_\_\_\_ Phone number \_\_\_\_\_

Do you have someone to stay with you overnight?  No  Yes

Education level (highest level completed)  Elementary  High school  College  Graduate school

\_\_\_\_\_  
*Patient/ Legal Representative Signature* *Date* *Time*

\_\_\_\_\_  
*Relationship to Patient*

\_\_\_\_\_  
*Print Witness Name* *Witness Signature* *Date* *Time*

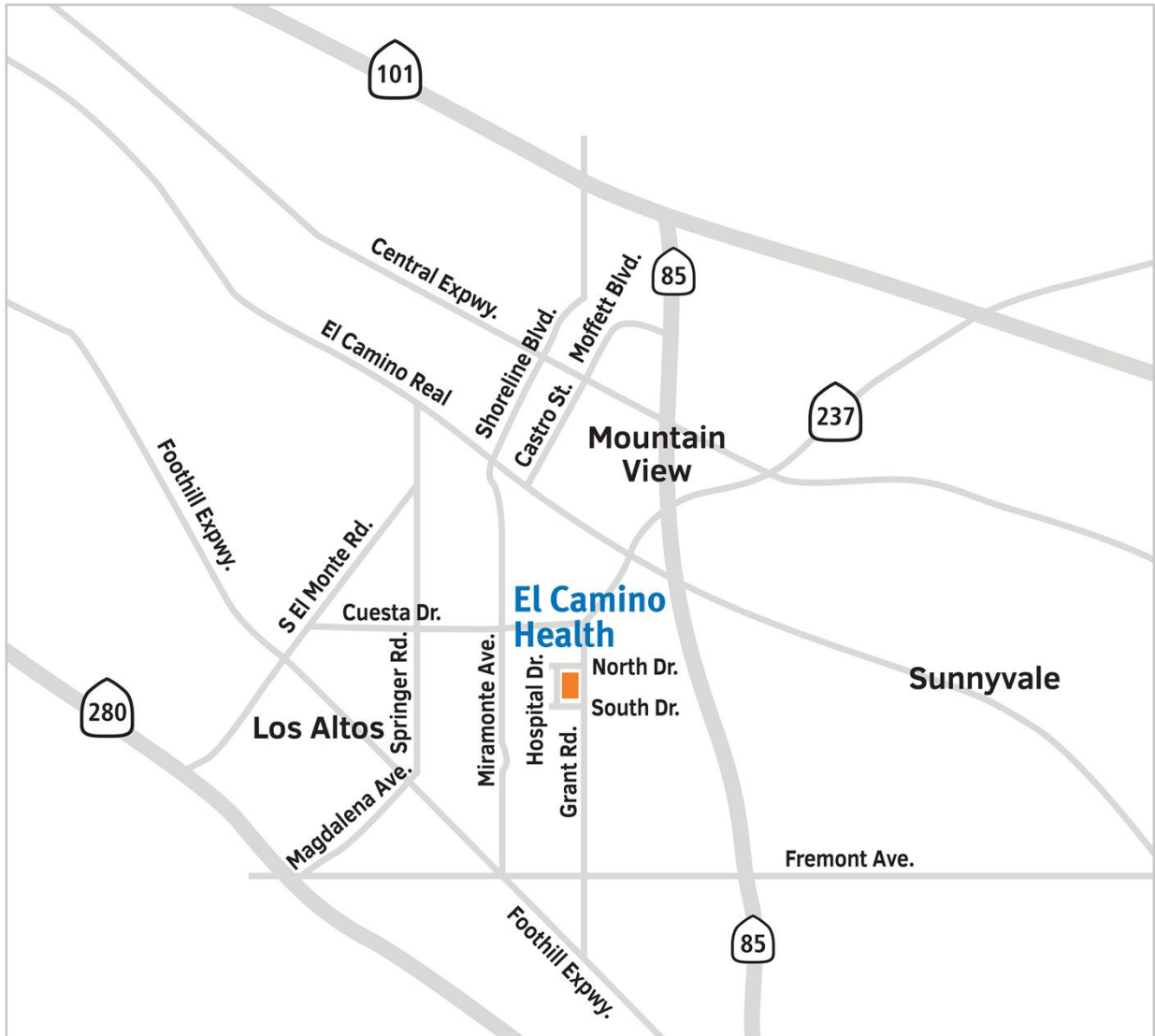
ON THE DAY OF YOUR PROCEDURE, **PLEASE LEAVE ALL VALUABLES AT HOME.** WEAR THE SAME CLOTHING INTO THE HOSPITAL AS YOU WILL BE GOING HOME IN. MAKE SURE THE CLOTHING IS COMFORTABLE AND EASY TO GET ON AND OFF.

Thank you for completing this questionnaire



# Driving Instructions

## El Camino Health | Mountain View Campus



# Patient and Visitor Parking

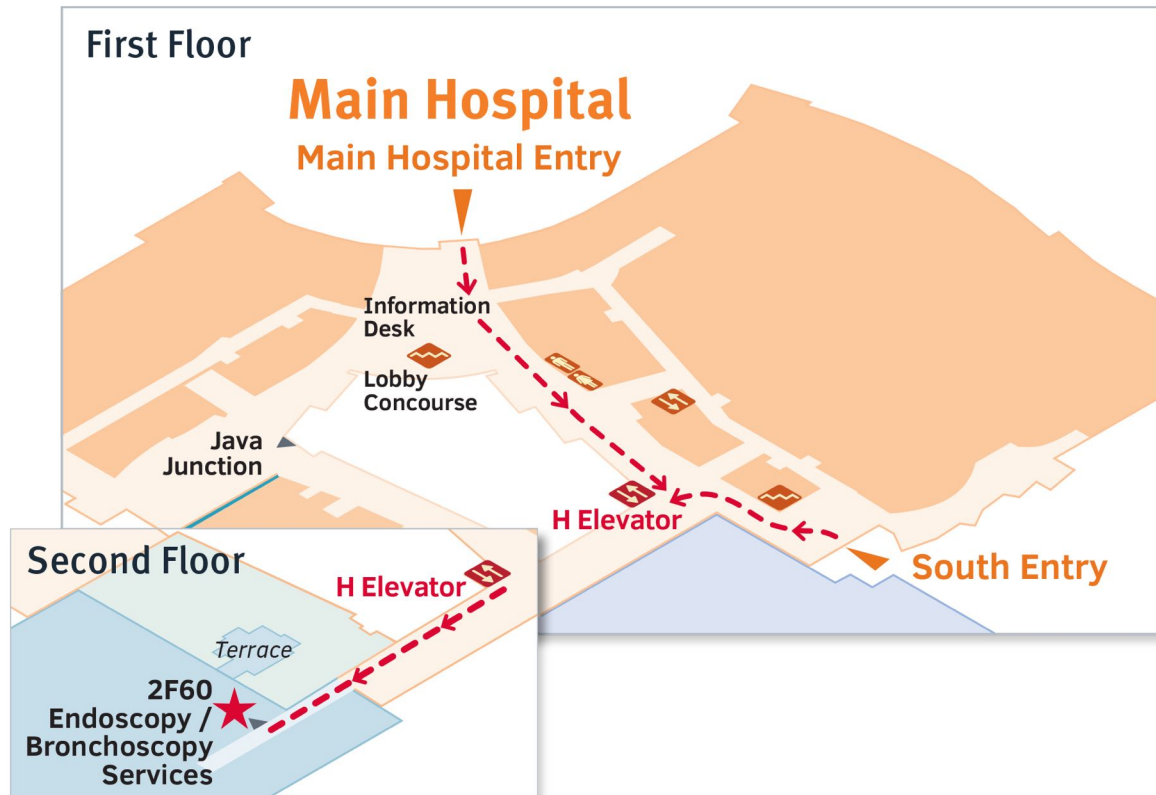


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elcaminohealth.org

Effective June 29, 2020

# Endoscopy / Bronchoscopy Services Are Located at Department 2F60 in Sobrato Pavilion, an El Camino Health Facility



**Patients continue to access services through the Main Hospital entrances.**

Our address remains the same:  
2500 Grant Road, Mountain View, CA 94040

To find the new Endoscopy / Bronchoscopy location, enter the Main Hospital Main or South Entry and follow signs to the **H Elevator**.

Take the **H Elevator** to the second floor and follow signs to **Endoscopy / Bronchoscopy**.





# Introduction to Endoscopy

## Welcome to El Camino Health's Endoscopy Center at our Mountain View Campus

On arrival, you will meet with the patient registrar, then the admitting nurse. After the procedure is completed, there is a recovery period prior to discharge.

### Patient Registrar

Please register at patient registration, in the Reception/Registration area on the second floor of Sobrato Pavilion (accessed from Main Hospital), 90 minutes prior to the procedure time. When hospital registration is completed, you will be directed to the Endoscopy waiting area.

### Admitting Nurse

When you arrive in the endoscopy center, check in with the admitting nurse. Give the nurse the papers and labels you received from patient registration. You must have a ride home. "No ride, no procedure." Your driver doesn't need to stay while you are having your procedure but must leave a telephone number to be called to pick you up at the appropriate time. If you are using a ride service, only RoadRunners (650-940-7016) can be used. A taxicab or Uber **cannot** be used. (Please note: RoadRunners provides transportation within a 10-mile radius of the Mountain View campus.)

The nurse will take your vital signs, review and complete procedural paperwork with you, and have you sign a consent form for your procedure. If you have any questions please ask the admitting nurse.

Please notify the admitting nurse of any food, drink, or medications you have taken today.

Family members, your driver, or anyone with you may be asked to stay in the waiting room. No more than one person will be allowed in the pre-procedure area.

All jewelry will need to be removed or taped in place. Glasses are removed. For upper procedures, full or partial dentures, or anything removable in the mouth will need to be removed prior to the procedure.

A pre-procedure nurse will insert your IV and give you a call button to press if you need anything while waiting for your procedure. There is a restroom available inside the pre-procedure area for your use.

### Sedation or Anesthesia

With sedation, you don't have to be asleep for your procedure. The important thing is to be comfortable. If you get uncomfortable, let the doctor know. Further sedation can then be given as needed throughout the procedure to keep you as comfortable as possible. Recovery after anesthesia or sedation is individual, depending on the type of procedure(s), amount of medication given, and medical history. You will have no memory of the procedure with anesthesia and may not remember some or all of the procedure with sedation.

*Continued on next page.*



## Lower Procedures

The lower procedure usually takes about 45-60 minutes. Carbon dioxide gas must be introduced to inflate the bowel to allow the scope to be inserted and to see the bowel walls. You may expel some of the gas during the procedure. You may experience cramping from the inflation of the bowel with the gas, or from the guiding of the scope around loops of the bowel, or looping of the scope. There is no pain if a polyp is removed or a specimen taken. The doctor will remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience relief by expelling it.

## Upper Procedures

The upper procedure usually takes about 30 – 45 minutes.

You will bite down on a bite block, which is placed between your teeth. During the procedure, a suction is used in your mouth for secretions, like at the dentist's office. As in the lower procedure, carbon dioxide gas must be introduced for inflation and you may burp during the procedure. The doctor will remove the carbon dioxide gas used for inflation but some gas usually remains. You may have some cramping from that remaining gas and will experience some relief by expelling it. As in the lower bowel (colon), there is no pain if a polyp or specimen is taken.

## Bronchoscopy

Bronchoscopy is scheduled for one to two hours. A respiratory therapist assists the doctor during the procedure. If your doctor requests an X-ray during the procedure, that equipment and a technician will also be in the room. You are required to stay an entire hour after the procedure.

## Recovery

When the procedure(s) is finished, you will be recovering in the post-anesthesia recovery unit, or PACU. Blood pressures are taken frequently. The post-procedure nurse will remove the IV and review discharge instructions with you. The post-procedure nurse can take you to the restroom if necessary.

Your family member, driver, or anyone with you may be called into the recovery area at this time. The post-procedure nurse will give you a copy of the typed discharge instructions from your doctor after reviewing them with you. During this recovery period, the doctor may talk with you and, with your permission, the person accompanying you. After you are dressed, it is a requirement that you be discharged by wheelchair. Your driver will be asked to drive the car to the front lobby entrance, where we will meet them.

## Discharge Instructions

- For your first meal after returning home, start with soft bland foods (not greasy or spicy; examples of soft bland foods are eggs and toast, oatmeal, pancakes, soup and sandwich, macaroni and cheese). For one day, avoid foods that cause gas.
- Because you have received sedative medication, do not drink alcohol for the rest of the day.
- Do not drive a car or operate heavy machinery for the rest of the day.
- Avoid work or exercise for the rest of the day.
- Due to remaining air from inflation during the procedure, you may experience the following symptoms: your abdomen may be bloated, you may have some cramping, you may belch and pass gas. You will experience some relief by expelling the air. These symptoms should improve within 24 hours.

*Continued on next page.*

- For oral procedures, you may have a sore throat, which should improve in one to three days. If you have a sore throat, you may treat it like a scratchy throat from a cold. For example, you may gargle with salt water, take a cough drop, or eat cold or soft foods.
- For bronchoscopies, you may see a small amount of blood on tissues when you cough or wipe. This can be due to irritation from the scope.
- Call your doctor or go to the emergency department if you have:
  - Heavy bleeding
  - Severe chest or abdominal pain
  - High fever (greater than 101)
  - Nausea or vomiting

Additional discharge instructions for specific procedures may also be needed and would be included in your discharge packet.

### Conclusion

Thank you for reading “Introduction to Endoscopy.” Our goal is for your procedure to be completed as efficiently and comfortably as possible. The purpose of this introduction is to help you by explaining what to expect before, during, and after your procedure.

A patient satisfaction survey is included with your discharge instructions. Your comments can help us to improve our process.

# Preventing the Spread of Infection

## Cover your cough

Serious respiratory illnesses like influenza, Covid-19, respiratory syncytial virus (RSV), whooping cough and Severe Acute Respiratory Syndrome (SARS) are spread by:

- Coughing or sneezing
- Unclean hands

These illnesses spread easily in crowded places where people are in close contact.

## How do I stop the spread of germs if I am sick?

- Cover your nose and mouth with a tissue every time you cough or sneeze. Throw the used tissue in a waste basket.
- If you don't have a tissue, sneeze or cough into your sleeve.
- After coughing or sneezing, always cleanse your hands with soap and water or an alcohol-based hand cleanser.
- Stay home if you are sick.
- Do not share eating utensils, drinking glasses, towels or other personal items.

## How can I stay healthy?

- Cleanse your hands often with soap and water or an alcohol-based hand cleanser.
- Avoid touching your eyes, nose or mouth.
- Avoid close contact with people who are sick, if possible.
- Get vaccinated! Influenza (flu) and pneumococcal (pneumonia) vaccines can prevent some serious respiratory illnesses.

## When you are at a clinic or hospital:

- Cover your cough or sneeze with a tissue and dispose of the used tissue in the waste basket.
- Cleanse your hands with soap and water or an alcohol-based hand cleanser.
- You may also be asked to wear a mask to protect others.
- Don't worry if you see staff and other people wearing masks. They are preventing the spread of germs.

## Patient hand hygiene

**Please help us prevent the spread of infection by washing your hands or using hand sanitizer.**

- Wash your hands or use hand sanitizer before and after meals and before and after toileting, and before leaving your room.
  - If using soap and water, rub your hands together vigorously for at least 15 seconds.
  - If using hand sanitizer, rub your hands together until the gel is dry.
- Expect our staff to clean their hands before patient care. Remind them if they forget.
- Cover your sneeze or cough with a tissue or your upper arm — not your hand.



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# Tips for Preventing Falls at Home

## Everywhere

- Remove throw rugs and scatter rugs.
- Tape down long cords: telephone, electric, extension, oxygen, etc.
- Clear all walkways of clutter.
- Light all walkways well.
- Put bells on pets so you know where they are.
- Keep pets and toys from under foot.
- Have lighted wall switches.
- If the light switch is not at the entrance to a room, have a standing lamp ready to be turned on before you enter the room (especially in the dark).
- Wear low-heeled shoes or slippers with non-slip soles.
- Keep the length of pants, slacks, skirts at or above the ankle.
- Use cordless phones and have a handset close to each room.
- Have commonly used items within easy reach; reduce bending and reaching.
- Avoid step stools or ladders.

## In the Bathroom

- Install grab bars in shower and bath.
- Put non-slip strips or a non-slip mat in shower or bath.
- Exercise extra caution around water, clothing or other objects dropped on the floor.
- Use a night light.

## In Living Areas

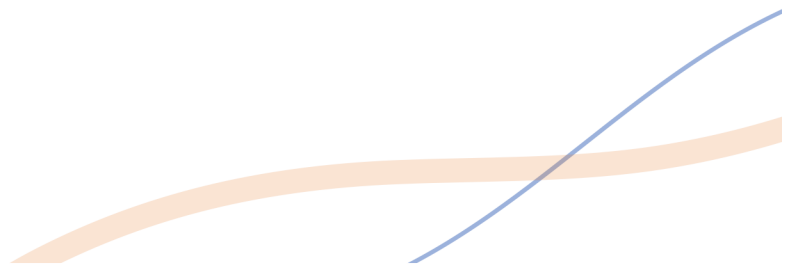
- Avoid low, soft couches and chairs, as well as rocking chairs.
- Avoid chairs on wheels or castors; if you have them, make sure they are stabilized against a wall or table before standing up or sitting down.
- Sit in a sturdy chair with arm rests. If it is too low, adapt the seat height with a firm cushion or pillow, or with a folded blanket, to make sitting and standing safer and easier.
- Place an end table or TV tray table next to where you usually sit. Keep glasses, mobile phone, books, remote control, medications, water, or anything you use frequently on this table for easy access.

## In the Bedroom

- Get out of bed slowly; especially if you have blood pressure problems; sit on edge of bed first, then stand up.
- Always use slippers; do not walk around in socks only.
- Keep the length of nightgowns, pajamas and bathrobes above the ankle.
- Be careful around bedspreads, especially the corners.
- Have a nightlight on, especially showing the path to the bathroom.
- Make sure the pathway to the bathroom is completely free of clutter.

## Communicating with Your Physician

- Report all changes in balance, equilibrium, dizziness and lightheadedness to your physician.



# RoadRunners Transportation

**RoadRunners helps people live independently in their homes by giving them affordable door-to-door transportation when they need it.**

Our dedicated El Camino Hospital Auxiliary staff and volunteers provide transportation for medical and healthcare-related appointments, as well as trips to the Senior Center, bank or market.

## How it Works

RoadRunners provides transportation for seniors and community members within a 10-mile radius of El Camino Health's Mountain View campus. Pickup service is available Monday through Friday from 8:15 a.m. to 3:30 p.m. Reservations are recommended at least one week in advance. No wheelchair transportation is available.

## One-Way Costs

0 – 1 mile:	\$7.50
1 – 2 miles:	\$9.50
3 – 5 miles:	\$13.50
6 – 7 miles:	\$18.00
8 – 10 miles:	\$21.00

*Additional stops \$3.00 each*

*PLEASE NOTE: If a rider does not show up at pick-up point, the charges cannot be waived.*

## RoadRunners Office Hours

Monday through Friday  
7:30 a.m. – 5 p.m.

## RoadRunners

530 South Drive, Mail Stop SD530  
Mountain View, CA 94040  
Phone: 650-940-7016  
Fax: 650-969-2039



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