

North Valley Surgery Center

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Patient and Caregiver Acknowledgement

I acknowledge that myself and my caregiver have thoroughly read, reviewed, and understand all available information provided by my surgeon, and the North Valley Total Joint Coordinator. I understand that adequate preparation for this surgery is required and my responsibility. I will practice the required safety standards and protocols that have been provided to me. I understand that my outcome is dependent on my active participation in care and understanding of educational materials. I accept that if I do not fully understand something I will immediately contact my surgeon or the Total Joint Coordinator for more information. I understand what is expected of me and my caregiver prior to surgery, during surgery, and after surgery.

Please initial acknowledging you and your caregiver understand and will practice the following items below.

<i>Patient Initials</i>	<i>Caregiver Initials</i>	<i>Action Item</i>
		My caregiver and I attended the in person Total Joint Preop Education class. OR My caregiver and I reviewed and understand the "Outpatient Total Joint Program" powerpoint presentation.
		My surgeon has explained the risks and benefits of the surgery to me, and I understand them.
		I have obtained the Hibiclens soap and will shower with the night before surgery and morning of surgery. I understand the proper use of the soap.
		I have obtained all the necessary equipment required of me or I have made arrangements with NVSC to provide this equipment the day of surgery.
		I have a responsible adult to stay with me for a full 24 hours after surgery. I have a responsible adult to be a primary caregiver for 5-7 days following my joint replacement. This caregiver is of sound mind, and physically capable of helping with walking, and household chores.
		My caregiver and I have reviewed and understand the preventative measures for complications including: DVT prevention, fall prevention, incision care, and bowel care. We will practice the required safety measures and not deviate from instructions.
		I will always use my walker, even when making short trips. I will not fall. My caregiver will ensure I am always using my walker.
		I understand I am schedule for an outpatient total joint and if I have any concerns of going home the same day I will contact my surgeon or Total Joint Coordinator immediately to be rescheduled for the hospital setting.