The Pre-operative Readiness Education Program (PREP), is designed to help you prepare for your surgery.

Use this Planner to keep important information about your surgery. Bring it with you on the day of your surgery. You will be asked to share some of this information many times. You can use this Planner as a handy place to keep that information ready. If you are missing information or have questions, ask your surgeon or PREP nurse.
Most patients will have a phone call with a PREP nurse about 3 weeks before surgery. Have this Planner with you to take notes during this phone call. If your surgery is less than 3 weeks away and you haven’t had a PREP phone call, or if you missed their call, call them at 800-838-8217. They are available M-F from 8:30 a.m.-6 p.m.

Get ready for your PREP phone call:

☐ You will be asked whether you have any health conditions (heart, lung, kidney, etc.) and the name of the doctors who care for them

☐ You will be asked to list any allergies you have, and the reaction

☐ You will need to share all of the medicines you take, and the dose

Information about your Surgery:

Date of surgery: ___________________________

Arrive at the hospital by: ______________

Where to park: __________________________

Where to check in: _______________________

If your surgery time or date is changed for any reason, please remember to change that here.

Ask for Help from Caregivers and Loved Ones:

<table>
<thead>
<tr>
<th>Have someone prepared to:</th>
<th>Names &amp; Phone Numbers:</th>
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<tbody>
<tr>
<td>☐ Drive you to the hospital and drive you home</td>
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<tr>
<td>☐ Stay at the hospital during your surgery and share information with loved ones</td>
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<tr>
<td>☐ Stay with you for 24 hours after you leave the hospital</td>
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<tr>
<td>☐ Care for children, pets, or others</td>
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<tr>
<td>☐ Help around the house</td>
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</tbody>
</table>
Information about your health:

Do you have sleep apnea?  □ No  □ Yes

If yes, tell your PREP Nurse and surgeon. Bring your CPAP machine on the day of surgery.

Do you smoke or use tobacco?  □ No  □ Yes

If yes, call the Maine Tobacco Helpline for help quitting before surgery 1-800-207-1230.

Do you have concerns about pain or taking pain medicine after surgery?  □ No  □ Yes

If yes, ask your surgeon about alternate pain control.

What medicines do you take?

<table>
<thead>
<tr>
<th>Name of the medicine &amp; dose:</th>
<th>Directions from PREP on how to take it before surgery:</th>
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List any health conditions (heart, lung, kidney, etc.) and the name of the doctors who care for them:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List the names and dates of any surgeries or tests you have had:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any allergies you have (to medicine, food, plants, etc.) and the reaction you have:

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
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</table>
Get ready for your Surgery:

The Day Before Your Surgery

☐ Take a shower before bed. If given Hibiclens®, follow the directions. If not, use antibacterial soap.

☐ Stop eating at this time: _________________

☐ Begin drinking only clear liquids at this time: _________________________

☐ Other instructions:

________________________________________
________________________________________
________________________________________
________________________________________

The Day of Your Surgery

☐ Do not have anything to eat. If you do, we may have to reschedule your surgery.

☐ Stop drinking clear liquids at this time: _________________________

☐ Take your medicines, as directed by PREP, with small sips of water.

☐ Take a shower again, using the Hibiclens® or antibacterial soap.

☐ Wear clean, comfortable clothes; such as sweat pants.

☐ Don’t wear make-up, jewelry, or contact lenses.

☐ Bring your hearing aids and eye glasses.

☐ Other instructions:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________