

GCUH Cardiac Catheter Suite – Level 4, D Block North

IMPORTANT PATIENT INFORMATION – PLEASE READ

You have been referred to the Cardiac Catheter Suite to have a Cardiac procedure. Further details are attached.

Procedure times are in QLD time – Daylight savings does not apply in QLD.

Please advise staff on (07) 5687 5017 if this procedure has been completed elsewhere, as an emergency, or if you wish to delay or decline this procedure.

As GCUH is a Public Hospital and the number of inpatients varies daily, your Cardiac procedure date may be unexpectedly changed at short notice. Should this occur we will notify you as soon as possible and will reschedule your Cardiac procedure to the next available date.

A Preadmission video call / phone call **OR** attend a Preadmission Clinic appt will occur 7-10 days prior to your procedure.

Phone calls from GCUH come up as “NO CALLER ID” or “PRIVATE” on your phone/mobile

Please complete the questionnaire on the reverse (PTO) prior to your Pre admission video call or phone call.

DO NOT SEND THE QUESTIONNAIRE FORM BACK TO GCUH

Prior to this Cardiac Procedure:

We require you to have had the following blood tests, prior to your procedure date.

Full Blood Count (FBC) and Chem 20 (ELFT's)

If you do require these blood tests, please request this from your GP 2-4 weeks prior to your procedure.

DO NOT FORWARD RESULTS TO GCUH or go back to your GP for results.

NOTE: Pathology results are available to GCUH directly via Pathology service providers.

On the day of your Procedure

- Fasting:** **YOU WILL BE ADVISED if you are required to FAST**
- Medications:** Please bring your medication(s) with you on your procedure day (in their separate packages) and follow medication instructions given at preadmission.
- Transport:** **YOU CANNOT DRIVE following sedation that is received during this procedure.**
Please arrange to be collected from GCUH following your procedure. **We will phone your transport person when you are ready to be collected (giving 1-2hrs notice where possible).** You must not travel home by public transport unescorted, however a taxi journey is allowed.
- Length of stay:** The Cardiac Catheter Suite is a ‘Day Surgery Department’ and your arrival time DOES NOT indicate the order in which your procedure will be completed, meaning you may be required to stay until late afternoon. **It is essential you arrange for someone to stay with you overnight after your procedure.** Occasionally an overnight stay at GCUH is required, so please bring a bag with current medications and clothing/toiletries.
- Jewellery:** Please do not wear any jewellery except for wedding ring and please remove any fingernail polish or artificial nails.
- Visitors:** Due to Covid-19 and limited space in the Recovery area family members/visitors (incl. children) ARE NOT PERMITTED past the reception area. Mobile phones can be used by patients in the Recovery area. (Recharging stations ARE NOT available in this area)

IMPORTANT: Preadmission Nurse will video call or phone you 7-10 days prior to this procedure. Please complete this form & have blood tests if required prior to call.

DO NOT return form to the Hospital unless coming in for Face to Face Preadmission Appointment.

Height: _____ Weight: _____

Smoking History: **CURRENT SMOKER** OR **NEVER SMOKED** OR **CEASED SMOKING** _____ years ago _____ months ago

Do you have High Blood Pressure and taking medication for it? Yes / No

Do any close family members have history of early heart disease or had a heart attack? (ie younger than 50 years) Yes / No

Do you have High Cholesterol and taking medication for it? Yes / No

Are you a Diabetic? Type 1 or Type 2 (Insulin Yes / No) Yes / No

Do you have emphysema (COPD) or suffer from asthma? Yes / No

Have you had a previous Heart Attack? Year _____ Yes / No

Have you had a previous Coronary Angiogram? Year _____ Yes / No

Have you had a Stent in your heart? Year _____ Yes / No

Reason for your Angiogram? Eg. (chest pain) or (shortness of breath) or (stress test) or (required prior to surgery) or other reason?.....

Have you had open heart surgery (CABG) or valve surgery? Year _____ Yes / No

COVID Vaccination Status?

Are you allergic to any medications? Yes / No

If Yes _____ Reaction _____

If Yes _____ Reaction _____

Have you ever had a STROKE or mini stroke? (TIA) Year _____ Yes / No

Are you on a fluid restriction? eg: Only allowed 1.5 litres fluid per day? Yes / No
(eg: Are you able to drink as much water as you like or are you restricted?)

CURRENT MEDICATIONS/VITAMINS:(Dosages not necessary) Use generic names

YOU WILL NOT BE ALLOWED TO DRIVE ON THE DAY OF YOUR PROCEDURE

Do you have someone to take you home and stay with you overnight? IF YES, PLEASE ADVISE name & phone contact of driver and/or carer. Community Transport? TAXI / UBER?

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FAMILY (incl. children) or VISITORS are NOT PERMITTED BEYOND RECEPTION