

PREPARING
for SURGERY

GUIDE



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

Welcome

Welcome to Tallahassee Memorial HealthCare (TMH)! Thank you for allowing us to care for you throughout your surgical journey. Our goal is to provide you the best possible care through revolutionary technology and the latest techniques performed by the most experienced surgical team in the region.

To learn more about TMH and our surgical services, visit TMH.ORG.

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WELCOME TO

Your Scheduled Surgery

Hi, _____

you have a surgery scheduled on _____.

Your surgery will take place in the M.T. Mustian Center, located at the corner Miccosukee Road and Medical Drive on Tallahassee Memorial HealthCare's main campus at 1300 Miccosukee Road.

For questions, please call 850-431-5047.

PRE-OPERATIVE QUESTIONS

For questions, please call the Surgical Pre-Admission Clinic at 850-431-5047 between 8 am and 5 pm, Monday through Friday.

ARRIVAL TIME

The Surgical Pre-Admission Clinic will call the business day before your surgery between 2 pm and 3 pm with your arrival time for surgery. The clinic will call on Friday if your surgery is the following Monday. If you have not received a call from the Surgical Pre-Admission Clinic by 3 pm the business day before, please call 850-431-5047.

UPDATES AND PIN NUMBER

TMH colleagues are unable to give out patient information without a PIN #. If you want to ensure your loved ones have access to your information and status, provide them with the PIN # below. They will also be updated via calls and text messages, and we ask that you please provide one contact number to receive these updates.

Your loved one can contact the Surgical Care Unit for patient updates at:

- 850-431-1155 ext. 31241.
- 850-431-1155 ext. 38241

PIN # _____

Preparing for Your Surgery

DISCHARGE AND RECOVERY PLANNING

Your discharge planning should start now.

Our goal is for you to leave the hospital and reclaim your quality of life in the comfort of your own home as soon as possible. In many cases, you may go home the same day of surgery or spend only one night in the hospital and go home the next morning. A shortened length-of-stay in the hospital corresponds with better outcomes for patients.

To assist with this, please ensure you accomplish all of the following before your surgery day.

- Identify a support person. We strongly encourage you to have someone to help you along the way, such as a health coach. A support person is someone who can participate and support you as you prepare for surgery, bring you to the hospital, pick you up from the hospital and stay with you for at least 24 hours after surgery. This is often a spouse, relative or friend.
- Discuss your discharge plan with your surgeon.
- Coordinate safe transportation home after surgery. You cannot drive yourself home on the day of surgery. Let your surgeon and pre-op nurse know if you do not have a caregiver after surgery and/or plan to use public or medical transportation.

If your surgeon has planned for you to spend the night, please arrange for transportation to arrive at the hospital by 9 am the next day to receive discharge instructions, so you can be prepared to leave by 11 am.

HOW TO HAVE THE BEST OUTCOME

1. **Stop smoking today.** Smoking increases your heart rate, raises your blood pressure and makes your blood vessels smaller. All of this increases your risk for blood clots, slower healing and infection. If you must smoke, please do not smoke for at least 48 hours before surgery.
2. **Pause alcohol intake.** Please do not drink alcohol for at least 24 hours before surgery.

PREPARING YOUR HOME

- Plan how you will get into your home after surgery. (Can you park close to the door? Should you use a different entrance?)
- You will need help after returning home until you feel safe doing daily activities.
- Keep objects within reach (TV remote, phone, personal items, etc.).
- Prepare meals ahead of time that can be easily heated.
- Stairs to climb? Try to keep activities on one level.
- Put night lights in bathrooms and dark areas.
- Remove throw rugs, electrical cords and other potential tripping hazards.
- Find short-term pet care.

NOTIFY YOUR MEDICAL PROVIDERS

Please inform your medical providers of your upcoming surgery. They may have additional instructions for you to follow based on your unique health needs and medical history.

MEDICATIONS

Please review your entire medication list with your surgeon, including herbal supplements.

Your surgeon should give you guidance on any medications that should be stopped before surgery and when they can be resumed.

The American Society of Anesthesiologists recommends some herbal supplements be stopped one to three weeks before surgery. Let your surgeon know if you are taking herbal supplements.

If you take blood thinners (for example, aspirin, Warfarin, non-steroidal anti-inflammatory drugs containing Ibuprofen or Naproxen), please contact your surgeon for instructions.

The morning of surgery, do not take (unless otherwise instructed by your surgeon):

- Oral diabetes medicines
- Medicines that must be taken with food
- Water pills (diuretics) unless combined with another type of blood pressure medicine

SKIN PREPARATION AND SHOWER INSTRUCTIONS

Preparing, or “prepping,” the skin before surgery can reduce the risk of infection at the surgical site. Please follow these steps to prep your skin for surgery.

- Remove nail polish, hair pins, hair ties with metal and jewelry, including body piercings.
- Please do not shave or remove any hair at or near the surgical site for at least 48 hours before surgery.
- If it has been provided to you, we recommend showering before your surgery with Chlorhexidine Gluconate (CHG) antiseptic soap to reduce the risk of infection. If you have not been given CHG antiseptic soap or are allergic, we ask that you shower using any soap you have at home.
- It is preferred you shower twice, the night before and then morning of your procedure. Shower first then rinse. Stand outside the running water and wash from the neck down (avoid head and genitals), allowing the antiseptic soap to sit on your skin for 2 minutes, then rinse.
- Use freshly laundered bath linen, clothes and sheets after you shower.
- After showering, do not use make-up, lotions, perfumes, after-shave, deodorant or hairspray.
- Please do not sleep with your pets.
- If ordered by your surgeon, please apply the nasal ointment to each nostril the evening before surgery.
- For cardiac patients, please take the medications provided at your pre-op appointment. Use the suppository, medicated mouthwash and nasal ointment the evening before surgery and the medicated mouthwash again the morning of surgery.

DIET AND FASTING REQUIREMENTS

ADULTS	
Clear liquids	Stop 3 hours before surgery
ALL food and milk or milk-like products	Stop at midnight before surgery

CHILDREN	
Clear Liquids	Stop 3 hours before surgery
Breast Milk	Stop 4 hours before surgery
Infant Formula (Milk)	Stop 6 hours before surgery
Solid Food	Stop at midnight before surgery

PREGNANT PATIENTS Obstetric, Non-Laboring Patients (OR Only)	
Clear liquids	Stop 4 hours before surgery
ALL food and milk or milk-like products surgery	Stop at midnight before surgery
<p>Scheduled Cesarean Deliveries (Labor & Delivery Only)</p> <p>Follow same as above under “Adults” section EXCEPT if you have a history of severe obesity (BM >40), gastroparesis, active preeclampsia, history of known difficult airway. In those cases, see below.</p>	
Clear liquids	Stop 4 hours before surgery
ALL food and milk or milk-like products surgery	Stop at midnight before surgery

Clear liquids include water, Gatorade, black coffee or the Pre-Surgery Carbohydrate Drink. You must not have any milk products (i.e. creamer, half & half, soy milk, almond milk, etc.). Once you start fasting, you may brush your teeth and rinse your mouth, but do not swallow. Do not have gum, candy, cough drops, chewing tobacco or ice chips.

WHAT TO EXPECT

The Day of Surgery

WHAT TO BRING:

- Loose-fitting, comfortable clothing.
- Well-fitting, flat shoes or slippers.
- Please wear your glasses instead of contacts. If you must wear contacts to the hospital, please bring a container to store them in during your surgery.
- Activities to pass time (reading material, music player, tablet, etc.).
- Breathing machine for use while sleeping, if you have one.
- If you have a pacemaker or automatic internal cardiac defibrillator (AICD), please bring your device identification card, if not already provided at your pre-op appointment.
- Copy of your Advanced Directive or Living Will, if not already provided at your pre-op appointment.

We recommend you leave valuables and money at home.

Please allot 30 minutes to find parking.

CHILDREN

Parents of small children undergoing surgery must bring childcare items such as diapers, bottles and extra underclothes.

If they have one, please bring your child's favorite toy, blanket, etc. with you.

A parent or guardian is required to stay with the child during the pre-operative and postoperative process and must remain in the surgical waiting area/during the child's surgical procedure. Legal Guardian must bring proof of guardianship.

FAMILY AND GUESTS

Please visit TMH.ORG/Visitors for our current visitor policy. The number of people at the bedside at any one time will be determined together by the patient, family and care team.

AT TMH, we're proud to provide patient- and family-centered care and recognize the important role loved ones play in healing.

All visitors not in the patient room should wait in our waiting rooms. After your surgery, we strongly recommend limiting visitation at night to promote healing and recovery.

Children less than 16 years of age must be supervised by an adult caregiver other than the patient.

Please note, these guidelines may be changed at any time based on the clinical needs of the patient.

DIRECTIONS

P6 Surgical Pre-Admission Clinic and Outpatient Procedures

Enter the **P6** parking lot in front of the M.T. Mustian Center from Medical Drive

Please note this lot is designated for outpatient appointments. Overnight parking is not permitted in this lot.

For overnight parking or stays longer than six hours, please park in **P2 and enter through the atrium.**



TMH CARE TEAM MEMBERS' UNIFORM COLORS

Who's caring for you? Reference the color chart below to see who's providing your care on the day of surgery.



Surgeon/Anesthesiologist

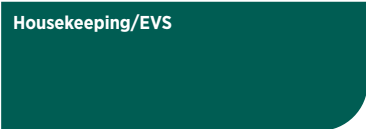
OR Team



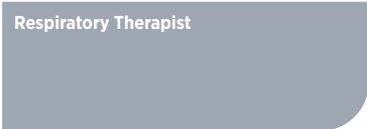
Nurse



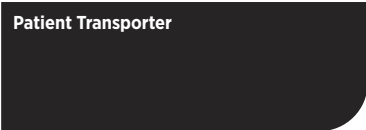
Patient Care Assistant



Housekeeping/EVS



Respiratory Therapist



Patient Transporter

PRE-OPERATIVE AREA

When you arrive, a patient care assistant (PCA) will collect your weight and measurements. You will then be escorted to your private room to start initial preparations for your surgery, review your paperwork and start your IV to administer pre-operative medications.

You will meet your multidisciplinary team, including your anesthesiologist to discuss anesthesia and pain control. If you have any concerns regarding anesthesiology, please make a note in the back of this book and address them with your care team before surgery.

Your surgeon will meet with you to mark the surgical site and to answer any questions you may have.

TRACKING BOARDS AND UPDATES FOR SUPPORT PEOPLE

Your support person or family should remain on the floor where you are having surgery – this is where the surgeon will come to speak with them when your surgery is complete. They can watch your progress on the tracking board in our waiting rooms.

For patient privacy, the name on the tracking board will display as follows: first two letters of the last name “..” last letter of last name, first letter of first name. For example, Robert Smith would display as “Sm..h, R.”

If you will be admitted to the hospital after surgery, the recovery staff will provide updates and notify you when your loved ones will be directed to your room. Visitors can check with the reception desk for updates.

DURING SURGERY

You will be under the care of your operating team, which consists of your surgeon, the anesthesiologist, an OR nurse and technicians.

After your surgery, anesthesia will be reversed and you will be transferred to the recovery room.

The goal is to complete your surgery and move you to recovery within 2-4 hours. The length of time in the operating room will depend on the complexity of your procedure or unforeseen delays that may impact the surgical schedule.

WHAT TO EXPECT

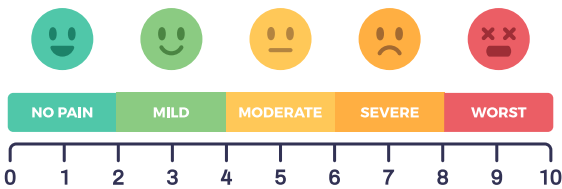
After Surgery

Once your surgery is over and you have been moved from the recovery room, you will either be transported to an inpatient room or taken to the Surgical Care Unit where the nurses will get you ready to go home.

MANAGING PAIN AND NAUSEA

If you are experiencing pain following your surgery, please tell your nurse. Pain includes many types of discomfort and can occur anywhere in your body. It can feel like a dull ache, or it can be severe and unbearable. Pain can include pulling, tightness, cramping, burning, stabbing or other unpleasant sensations.

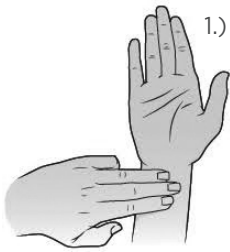
The pain rating scale is a helpful tool you can use to describe how much pain you are feeling and to measure how well treatments are relieving your pain.



On a scale of 0 to 10, 0 means “no pain” and 10 means “the worst possible pain.” The middle of the scale (around 5) describes “moderate pain.” A 2 or 3 rating would be “mild pain;” a rating of 7 or higher is “severe pain.”

It is very important to talk with your nurse or physician honestly and openly about your pain so you can receive the proper treatment. If you still have questions after reading this booklet, speak with your physician or nurse.

Please notify your nurse if you are experiencing continued nausea. Your nurse will assess your nausea/vomiting and discuss your treatment options with you. Your nurse may give you medications or intravenous fluids as ordered by your physician. They may also use complementary therapy such as instructing you how to apply pressure to the P6 point on your wrist as seen in the diagram on the following page, or offering you aromatherapy or rubbing alcohol.



1.) Place three fingers across your wrist



2.) Place your thumb on the point below your index finger

WHAT DO I NEED TO KNOW BEFORE GOING HOME?

Before leaving TMH, you must meet certain discharge criteria.

You will be asked to urinate before going home after certain surgical procedures. If you had a spinal anesthetic, you may be sent home with special instructions about what you should do if you cannot urinate within a certain time period.

Your nurse will go over your postoperative (after surgery) instructions with you and your loved one(s). The goal is to teach you how to best care for yourself at home.

Surgery Discharge Education

To ensure you have the best outcome following your procedure, please review your surgeon's post-discharge instructions and the education below with your caregiver.

TIPS TO HELP YOU THROUGH YOUR RECOVERY

Common side effects of anesthesia and your procedure include:

- Slight sore throat: Popsicles or cold liquids may help relieve a sore throat.
- **Nausea: If nauseated or vomiting, we recommend you don't eat greasy or spicy foods. In addition, it may be helpful to start or return to a clear liquid diet such as water, Gatorade, Jell-O and tea and advance to your normal diet as tolerated.**
- Discomfort and/or slight bruising where the IV was placed: This should diminish over time.
- Dizziness and sleepiness: Do not engage in activities that require you to be alert or coordinated for the next 24 hours such as **driving**, cooking, biking, using heavy machinery or power tools.

- Clumsiness: Change positions slowly and use your assistance devices if you have them (crutches, cane, walker). Have your caregiver assist you.
- Short term confusion or memory loss and mood changes: **We recommend you have a caregiver stay with you for the first 24 hours.** Do not make any important decisions, sign important documents or make expensive purchases as your judgment may be impaired.

MEDICATIONS AFTER SURGERY:

- Take all **pain** medication as needed and other medications as prescribed.
- Ask your physician about continuing or beginning any other medication or supplement including over-the-counter medications such as Tylenol or Advil.
- **Follow your physician's instruction about when to resume your blood thinners if prescribed.**
- **While taking pain medication do not drive, drink alcohol or use illicit/recreational drugs.**
- **Pain medication may cause side effects such as light headedness, nausea and constipation. Hydration is important to prevent constipation. Walking and over-the-counter stool softener can also help. Use over-the-counter stool softener as directed on the package.**
- Review any medication leaflets provided to you for further information.

WOUND/PREVENTATIVE CARE:

- Follow your physician's instructions for care of your wound.
- **The most important thing you and your caregivers can do to prevent infection is wash your hands.** You can use soap and water or an alcohol-based hand rub. Wash before and after touching your wound or changing your dressing if applicable.
- Sit up and walk as soon as possible to help prevent blood clots and pneumonia and to promote healing. If needed, use your assistance devices if you have them (crutches, cane, walker).

PLEASE NOTIFY YOUR SURGEON'S OFFICE IF YOU HAVE:

Signs and symptoms of infections such as:

- Temperature above 101.5 degrees (adults) or above 100.5 degrees (children) that lasts longer than 24 hours.
- Nausea with vomiting and/or diarrhea for more than 12 hours.
- Difficulty urinating.
- Pain not controlled with pain medication.
- Swelling or redness at the incision site.
- Drainage from the incision site that has a foul odor or is not clear.

Bleeding: Slow (oozing) bleeding that will not stop after applying the pressure techniques as described below.

- Apply direct pressure on the cut or wound with a clean cloth, tissue or piece of gauze until bleeding stops.
- If blood soaks through the material, don't remove it. Reinforce with more cloth or gauze by placing on top of it and continue to apply pressure until bleeding is controlled or stops.

Signs and symptoms of a blood clot, such as:

- Swelling in your leg that does not go away with raising your leg above heart level.
- Pain or tenderness in the calf.

KNOW THE RISKS OF OPIOID PAIN MEDICATIONS

Opioid pain medications can help with severe, acute pain. These medications can be an important part of treatment but come with serious risks of addiction and overdose, especially with prolonged use. Some of the common names include oxycodone combined with acetaminophen (Percocet®); oxycodone (OxyContin®); hydrocodone combined with acetaminophen (Lortab® and Vicodin®); and Tramadol (Ultram®).

1



2



3



4



5



THESE MEDICATIONS:

- Cause your brain to block the feeling of pain; they do not treat the underlying cause of pain.
- Are very addictive, especially if they are not used correctly.
- Increase your chances of accidental overdose, coma and death if taken with prescription medications, including anti-anxiety and sedating medications, and alcohol.

WHAT ARE THE RISKS?

- Side effects like physical dependence, increased sensitivity to pain, depression, nausea and vomiting.
- Overdose
- Addiction
- Opioid Use Disorder

WHAT ARE ALTERNATIVES TO OPIOIDS?

Many non-opioid treatments may control pain effectively with fewer side effects such as:

- Physical therapy and/or exercise
- Non-opioid medications such as acetaminophen or ibuprofen
- Massage Therapy
- Cognitive behavioral therapy (CBT)
- Chiropractor
- Acupuncture

HOW DO I DISPOSE OF OPIOID MEDICATIONS?

- Do not flush your medicines down the toilet or down the drain. Many pharmacies and the Tallahassee Police Department offer safe drug disposal kiosks. If this is not available, dispose of old medications in the trash.

PROPER DOSAGE:

- Never share your prescription with anyone. Most addiction begins with medication from a friend or family member.
- It is imperative that you keep your medications out of the reach of young children and from any individuals living in or coming into your home.

KNOW THE RISKS OF OPIOID PAIN MEDICATIONS

As your healthcare providers, we promise to:

MANAGE

Provide the best possible treatment to manage your pain. Non-opioid pain relievers, physical therapy and cognitive behavior may be useful alternatives.

CUSTOMIZE

Work closely with you to set pain management goals and develop a treatment plan that will help you achieve your goals.

COLLABORATE

Assess the risks and benefits of prescription opioids together, and prescribe opioids only when their benefits outweigh their risks.

If you are prescribed a medication, ask your doctor if it is an opioid or if there is risk for addiction. If the answer is yes, ask for alternatives.

How can I get help?

If you or a loved one have a problem with painkillers, call 2-1-1 Big Bend by dialing the three digit number 2-1-1.

Talk to your healthcare provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

Acetaminophen (Tylenol)

Relieves mild–moderate pain and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. Overdoses can *cause liver damage*.

Non-steroidal Anti-inflammatory Drugs (NSAIDs):

Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)

Relieve mild–moderate pain and reduce swelling and inflammation. *Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.*

Nerve Pain Medications:

Gabapentin (Neuraptine), Pregabalin (Lyrica)

Relieve mild–moderate nerve pain (shooting and burning pain). *Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.*

Antidepressants:

Effexor XR, Cymbalta, Savella

Relieve mild–moderate chronic pain, nerve pain (shooting and burning pain) and headaches. *Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.*

Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches:

Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals

Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. *Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.*

Interventional Pain Management

Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. *Certain medical conditions and allergies can cause complications.*

Non-opioid Anesthesia

Opioids can be replaced with safer medications that block pain during and after surgery. A healthcare provider or an anesthesiologist can provide options and discuss side effects.

Alternatives to Opioids: Therapies

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Providers are licensed and regulated by the State of Florida.*
(apspmqa.doh.state.fl.us/MQASearchServices)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.
- Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)

Self-care

Cold and heat: Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. *Too much heat can increase swelling and inflammation.*

Exercise and movement: Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. *Maintaining daily exercise and overcoming barriers to exercise can be a challenge.*

Complementary Therapies

Acupuncture: Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. *Bleeding, bruising and soreness may occur at insertion sites.*

Chiropractic: Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. *Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment.*

Osteopathic Manipulative Treatment (OMT): Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. *Soreness or stiffness in the first few days after treatment is possible.*

Massage therapy: Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. *At certain points during a massage, there may be some discomfort—especially during deep tissue massage.*

Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. *Allergic reactions to adhesive pads are possible.*

Rehabilitation Therapies

Occupational therapy: Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. *Therapy interventions and recommendations will not help if the patient does not practice as instructed.*

Physical therapy: Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. *Therapy interventions and recommendations will not help if the patient does not practice as instructed.*

Behavioral and Mental Health Therapies

Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. *When used to manage pain, these therapies can take time.*

Informed Consent for Anesthesia Services

Please read the following Informed Consent before your surgery. You will be asked to sign a copy of this form on the day of your surgery.

Because you are in consultation with your surgeon, have decided to undergo surgery requiring anesthesia, IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY.

General Anesthesia: General anesthesia involves making the patient unconscious using intravenous drugs and inhalation agents (such as nitrous oxide, oxygen and anesthetic gases). This frequently involves the use of a breathing tube, which is inserted into the windpipe to ensure proper breathing while you are under anesthesia. Side effects and complications can occur. While it is impossible to advise you of every conceivable complication some possible examples are:

- Soreness of the throat and hoarseness are common occurrences.
- Aspiration (inhaling stomach contents into the lungs), asthma attacks and pneumonia.
- Nerve injuries and possible weakness or paralysis.
- Allergic-type reactions leading to cardiac arrest and death.
- Nodules, polyps or other damage to the vocal cords or windpipe.
- Blood transfusions maybe required. If so, there is some risk of hepatitis AIDS or other infections or reactions.
- Rarely, there may be recall of events during the procedure. This is more common during anesthesia for cesarean section, heart and emergency surgery. Dreams during anesthesia maybe confused with recall of real events.
- A breathing machine may be required after surgery, which could lead to damage to the windpipe.
- Medical complications involving damage to the eyes, heart, lungs and circulatory system such as blindness, stroke, blood clots, abnormal heart rhythms, phlebitis, collapsed lung and heart attack.

Teeth and dental prosthetics may become loose, broken or dislodged, especially if loose or in poor repair regardless of the care provided by the anesthesia provider. By signing this consent, you are acknowledging that neither your anesthesia providers nor the Hospital will be liable for any dental damage or repairs.

Monitoring Devices: Monitoring devices such as arterial lines, central venous pressure lines, pulmonary artery catheters and transesophageal echocardiography may be used during your procedure. These procedures are associated with specific risks:

- **Arterial line** (A catheter placed into an artery in the arm or leg used to monitor blood pressure): Decrease in blood flow to area supplied by artery, nerve damage, loss of function of the limb or portion of the limb served by the artery and loss of the limb or portion of the limb.
- **Central venous and pulmonary artery catheterization** (an intravenous catheter placed into a large vein in the neck, chest or arm used to give fluids and medications and to measure the amount of fluid in the body):
 - Bleeding into the lungs, the pericardium (sac which surrounds the heart) and/or the chest cavity.
 - Pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart).
 - Pneumothorax (lung collapse) or infection. Cardiac arrhythmias (irregularities of the heart rhythm) and/or shock (severe drop in blood pressure).
 - Damage to blood vessels, nerves, lymph ducts, heart, trachea (windpipe) pharynx (throat), vocal cords and/or lungs.
 - Distal embolization (air bubbles or blood clots which circulate in bloodstream until becoming lodged in vein or artery).
 - Inadvertent infusion of fluid into the chest cavity, lungs and/or pericardium.
- **Transesophageal Echocardiography** (a diagnostic test that uses ultrasound to take a picture of the heart through a probe inserted into the esophagus): Can cause esophageal injury.
- **Gastric (stomach) tubes and/or esophageal dilators:** Can cause esophageal injury.

MAC (Monitored Anesthesia Care): MAC is not general anesthesia. MAC involves local anesthesia or nerve blocks administered by the surgeon while the anesthesia provider monitors the patient's vital signs and selects and administers sedatives. Unlike general anesthesia, the patient maintains his/her heart/lung functions without the direct support of the anesthesia provider. The patient is usually very sedated, but may still be able to hear and respond to his/her medical providers and remember some or all of the procedure. For eye surgery, sometime the anesthesia provider will numb the eye with a nerve block and provide Monitored Anesthesia Care. **The potential complications or side effects of MAC are the same as those reviewed above and below for general and regional anesthesia.**

Regional Anesthesia: Regional anesthesia involves one of a number of methods for producing numbness in the area of surgery and is performed by the anesthesia provider. Methods of administration include:

- **Local:** Local anesthesia is injected into and around the area of the surgery.
- **Nerve Block:** Local anesthesia is injected into and around the major nerves surrounding the area of surgery.
- **Intravenous regional:** Local anesthesia is injected into a vein in the arm or leg and thereafter retained in the area through constriction from tourniquet.
- **Spinal:** Local anesthesia is injected directly into the fluid surrounding the spinal cord in the back.
- **Epidural/Caudal:** Local anesthetic is injected in the epidural space directly outside the spinal canal. This is done in the back (Caudal done in tailbone) directly through a needle and/or by threading a plastic tube (catheter) into the epidural space. The needle is then removed, leaving the catheter in place. Local anesthetic agents and/or narcotics are then injected through the catheter. This catheter maybe used postoperative for your pain control.

Regional anesthesia is intended to produce numbness in the area of surgery. Regional anesthetic methods are usually supplemented by sedatives and tranquilizers which cause drowsiness or sleep. The patient may still be able to hear and respond to their medical providers and remember some or all of the procedure. In the vast majority of cases, these techniques are safe, effective methods of providing surgical anesthesia **HOWEVER, SOMETIMES THE ANESTHESIA IS NOT ADEQUATE OR WEARS OFF AND SURGICAL ANESTHESIA MUST BE OBTAINED BY OTHER METHODS INCLUDING GENERAL ANESTHESIA.**

Side effects and complications of regional anesthesia are relatively uncommon but can occur. It is impossible to advise you of every conceivable complication or side effect. Examples of possible side effects include swelling, tenderness, bleeding and bruising at injection site, mild to moderate decrease in blood pressure and nausea/vomiting. Examples of possible complications include:

- **Uncommon:** Shock or extreme fall in blood pressure, convulsion/seizure.
- **Rare:** Nerve damage resulting in numbness, tingling and/or paralysis, which may be temporary or permanent. Respiratory arrest, cardiac arrest/death and/or allergic reactions to drugs. In the case of eye blocks, blindness is possible.

Spinal/epidural anesthesia may also produce side effects in addition to those described above.

These include:

- **Uncommon:** Headache from a “wet tap” (spinal tap) during epidural which may be severe enough to require another epidural for treatment. Headache can also occur after spinal anesthesia.
Shock or extreme fall in blood pressure and/or very slow heart rate.
High spinal anesthesia (anesthesia level is too high) requiring breathing assistance.
 - **Rare:** Broken epidural catheter.
Epidural hematoma (blood clot around spine).
Infection of the spine or meningitis.
Paralysis, which may be permanent and include loss of bowel/bladder control.
Emergency surgery of the spine to prevent meningitis or paralysis.
-

In order to minimize the possibility of aspiration, the patient is required not to eat or drink anything for a period of time before surgery. In elective cases, this is usually from midnight before surgery. It is extremely important not to eat or drink anything during this time because aspiration of food or of significant quantities of stomach contents can lead to severe pneumonia, respiratory failure and death.

I understand that the surgeons will be occupied solely with the surgery and that the administration, maintenance and termination of anesthesia are independent functions and will be supplied by, or under the direction and responsibility of the ANESTHESIOLOGIST, CERTIFIED Registered NURSE ANESTHETIST (CRNA) and ANESTHESIA ASSISTANTS. I also understand that, from time to time, other healthcare professionals in training may be involved in my care and treatment.

Your Pre-Surgery Nutrition Plan

Your doctor has recommended a schedule of specialized Ensure® drinks to help your body prepare for - and recover from - surgery.

Drink Ensure® Pre-Surgery (as indicated below)



Drink 1 bottle 3 hours before your surgery's scheduled start time




What is Ensure Pre-Surgery clear carbohydrate drink, and what does it do?

Surgery creates unique nutrition needs for your body. Ensure Pre-Surgery is formulated for those needs with carbohydrates and antioxidants to help your body recover after surgery.

Why is this drink important?

Your healthcare provider has recommended this specialized Ensure® nutrition drink to help your body prepare for, and recover from, surgery. It's important that you follow your doctor's nutrition recommendations to help with recovery.

**PRE-SURGERY
CARBOHYDRATE-
LOADING DRINKS
HAVE BEEN SHOWN
TO HELP RECOVERY*:**

-  Reduced nausea, vomiting after surgery^{1,2}
-  Reduced insulin resistance³
-  Reduced time in the hospital⁴

* Among doctors who recommend liquid nutritional products to their patients.

IMPORTANT:

Confirm with your doctor when to stop eating and drinking before surgery. Notes: Consume 1 bottle Ensure Pre-Surgery 3 hours before your surgery's scheduled start time.

FUELING UP FOR SURGERY:

HOW NUTRITION CAN HELP YOU RECOVER

Ensure[®]



Undergoing surgery is a lot like running a marathon. During both, your body **requires proper training and nutrition** in the weeks and days before and after for the best recovery. Here's what you can do to get ready:

For the average healthy adult, surgery can mean:

INCREASED ENERGY NEEDS

Your body burns a lot of energy during and after surgery. **Fuel up by increasing your calories** from complete, nutrient-packed foods.



MAJOR WORKOUT

You burn more glycogen, a form of stored carbohydrates, during surgery than during a 2 ½ hour run or bike race.¹ **"Carb-loading" before surgery** can keep you from getting depleted.



MUSCLE LOSS

After you burn through carbs or protein stores, your body begins breaking down muscle for energy. This can decrease strength and delay recovery. Protect your muscles by eating **protein-rich foods and exercising before and after surgery**.*



LOWERED IMMUNITY

Surgical stress can weaken your immune system. Use **immunonutrition**, such as oral nutrition supplements including 18 grams of protein, arginine and omega-3 fatty acids to **support immune health and recovery**.¹



INSULIN RESISTANCE

Insulin resistance is common after surgery and can cause complications. **Drinking a clear, complex carbohydrate-rich drink two hours before surgery** can help reduce insulin resistance.



UNINTENDED WEIGHT LOSS

After surgery, some people have nausea and don't want to eat or drink, which can lead to weight loss. Talk to your doctor and **consider a nutrition supplement such as Ensure**.



The effect may be greater if you are at risk of malnutrition.

DID YOU KNOW?

In older adults, **3 days of bed rest** can result in a **loss of up to 10 percent of total leg muscle**. Eat right and get moving after your procedure to help with recovery.²

Rev. 12/21

1. Wischmeyer PE, et al. *Anesth Analg*. 2018; doi:10.1213/cc02743. Epub 2018 Jan 23.

2. Paddon-Jones D. Presented at the 100th Abbott Nutrition Research Conference, June 2009, Columbus, OH.

*Check with your doctor before starting new exercise programs or nutritional supplements.

What to Expect after Bariatric Surgery

IN THE HOSPITAL

After your surgery, you will be taken to a room, most likely on our Post-Operative Care Unit.

- When you get there, you should walk from the stretcher to the bed if you feel able to. **DO NOT** attempt to walk if you feel dizzy. Most patients feel able to walk right after surgery. If you don't, that's OK, you can scoot from the stretcher to the bed.

Walking the day of surgery is important to help you feel better, prevent blood clots and wake your stomach up. The air in your abdomen from surgery can cause discomfort, and the best way to get rid of it is to walk.

- Call your nurse and ask if there is someone who can walk with you. The first time you walk, it's important to have a healthcare worker with you to make sure that you are safe.
 - Remember, even if straws or inappropriate beverages such as carbonated or sugary drinks are offered, don't accept them. **DO** start the habit of measuring your intake as soon as you begin drinking fluids.

GOING HOME AFTER SURGERY

When you get home, make sure to read your discharge instructions carefully and refer to them if you have any questions.

DO NOT BECOME DEHYDRATED. Urine should be yellow, not brown.

DIET

- **DO NOT** start taking your vitamins until two weeks after your surgery. Take as directed by your provider.
- **DO** follow the post-op diet plan. You will have received it in a packet from the **TMH Physician Partners - Endocrinology, Obesity & Diabetes** and again in your hospital discharge paperwork.
- If you lost, or did not receive a packet you may call **TMH Physician Partners - Endocrinology, Obesity & Diabetes** at 850-431-5404.

MEDICATIONS

- **DO** start taking your home medications, unless directed otherwise by a medical provider. If you take high blood pressure or diabetes medication, make sure to monitor your blood pressure and glucose daily. If your blood pressure or glucose is low, or you are feeling faint please contact the provider who prescribed you these medications to discuss adjusting them.
- **DO NOT** take any Non-Steroidal Anti-inflammatory Drugs (NSAIDs); ibuprofen, naproxen, meloxicam, etc. These can cause ulcers and bleeding in your stomach.
- If you received medication to prevent nausea and it is not working, call your surgeon's office.
- If prescribed medication to prevent constipation, take it immediately. **Do not wait until you become constipated.** If the medication does not work, you may use Miralax as directed on box.

ACTIVITY

- **WALK AROUND AT LEAST EVERY TWO HOURS WHILE YOU ARE AWAKE.** This is to help prevent blood clots. Call the surgeon's office if you develop pain/swelling in your legs, if you develop shortness of breath or chest pain or if you become nauseated to the point you can't get your daily recommended fluid intake.

About Robotic Surgery at Tallahassee Memorial HealthCare

WHAT IS ROBOTIC SURGERY?

Robotic surgery is currently carried out with the use of the Da Vinci™ surgical system, a unique set of technologies that include specialized “arms” for holding instruments and a camera, as we use a magnified screen and a console.

Understanding Robotic Surgery

HOW DOES THE ROBOTIC SYSTEM WORK?

To operate using the robotic system, your surgeon makes tiny incisions in your body and inserts small instruments and a high-definition three dimensional camera. Sometimes incisions are not required at all. Then, from a nearby console, your surgeon manipulates those instruments to perform the operation.

Think of the robotic system like a video game. When you play a video game, you move a control button, and the machine translates your movements into real-time, mimicking your moves precisely on the screen. During a robotic-assisted procedure, your surgeon uses master controls to manipulate the instruments, and the instruments translate your surgeon’s movements into precise movements inside your body. Your surgeon is in control the whole time; the surgical system responds to the direction provided by the surgeon.

IS A ROBOT OPERATING ON ME?

We know many patients are concerned about the idea of a robot performing surgery. You should know that the Robotic Surgical System is really a system that allows your surgeon to make precise, delicate motions while controlling the machine. The robot is never making decisions or performing incisions. Rather, your surgeon is directing the robot, and the robot allows for greater precision than the human hand on its own.

The robotic system cannot “think” on its own. It only responds to your surgeon’s precise hand and finger movements. Your surgeon is in the operating room, directing the procedure the entire time.

ROBOTIC SURGERY: WHAT TO EXPECT

During a robotic-assisted surgery, your surgeon “directs” the surgery from nearby, but does not stand over you like during a traditional surgery. While each surgery is different, here are the general steps to a robotic-assisted surgery:

1. Your surgeon makes tiny (one to two centimeter-long) incisions in your body.
2. Your doctor inserts a miniature robotic instrument and a powerful camera into your body.
3. Your surgeon then sits at a nearby console (a large computer) to direct the procedure. At the console, the area of operation can be seen highly magnified, with excellent resolution.
4. Sitting at the console, your surgeon manipulates the controls.
5. The instruments respond to these movements and translate them into precise, real-time movements inside your body.
6. The robotic devices, which have greater dexterity and range of motion than a human, allow your surgeon to successfully perform delicate surgeries in hard-to-reach places.

BENEFITS OF ROBOTIC SURGERY

There are many benefits to having a robotic-assisted surgery. A robotic-assisted surgery benefits you directly with shorter recovery time, as well as indirectly, as the surgeon has better visualization, leading to a more precise surgery. Other benefits include:

- Your surgeon has greater range of motion and dexterity
- Your surgeon sees a highly-magnified, high-resolution image of the operating field
- Your surgeon has better access to the area being operated on
- Shorter hospital stays
- Less risk of infection
- Less blood loss and fewer blood transfusions
- Less pain
- Faster recovery
- Quicker return to daily routine

WHAT SURGERIES CAN BE DONE WITH A ROBOT?

Many surgeries are done successfully with a robot. These include:

- Colorectal Surgery
- General Surgery
- Gynecological Surgery
- Heart and Lung Surgery
- Head and Neck Surgery
- Orthopedic Surgery
- Thoracic Surgery
- Urologic Surgery

CAN ANY DOCTOR PERFORM ROBOTIC SURGERY?

Doctors require training in Robotic Surgical Systems. At TMH, we have invested in training our entire robotic surgical team so that patients can expect the best possible experience.

IS ROBOTIC SURGERY SAFE?

Safety and quality is our highest priority. We have training supported by simulation and educational programs where we train not only our own doctors but also those from across the region to be the best and most skilled in their craft.

HOW DOES THE ROBOTIC SURGEON SEE WHAT HE OR SHE IS DOING?

There is a camera inside your body, which sends real-time images to your surgeon, seated at the console. In fact, the images your surgeon sees using the Robotic System are more highly magnified, with a sharper resolution, than what they would see standing over you.

HOW MANY DAYS WILL I MISS FROM WORK?

Every patient is different, and you should discuss your recovery with your surgeon. In general, patients may stay in the hospital one to two nights and then return home. Most patients find they have recovered fully within six weeks of surgery.

PAIN MANAGEMENT OPTIONS AFTER ROBOTIC SURGERY

TMH is committed to providing individualized pain management options based on each patient's unique needs. Our teams research effective pain management techniques for use after surgery, including robotic surgery. They will work with you to make sure your pain is managed well before, during and after the surgery. As we know, patients' pain can continue when they return home.

We will help develop a pain treatment plan for you for when you leave the hospital.

Resources

ATM

For your convenience, an automated teller machine (ATM) is located on the ground floor of the M.T. Mustian Center, just outside the Eyes of Texas Café. Please follow the directions on the following page.

CELL PHONES

Cell phone use is allowed in most areas of the hospital, except in areas where signage states it is not as it could interfere with the monitoring system. Charging stations are available in the Mustian Lobby.

WIFI

To access WiFi, please select the Guest Access network and accept the terms and conditions on your device. This will allow for complimentary WiFi throughout the hospital.

CAFETERIA

Our cafeteria, known as Café 1300, is located on the ground floor of the Main Hospital, near Elevator B. A wide variety of food is served during the following times:

Breakfast: 7 - 10 am

Lunch: 11 am - 2 pm

Dinner: 5 - 7 pm

Midnight Service: 12 - 3 am

Some type of food service is available at all hours with the exception of 10:30 to 11 am. Vending machines offering assorted snacks and beverages are also available on many floors. They are accessible 24 hours a day.

EYES OF TEXAS CAFÉ

Located in our M.T. Mustian Center lobby, the Eyes of Texas Café serves Lucky Goat Coffee and an assortment of hot and cold food during the following times:

Monday - Friday: 7 am - 4 pm

Saturday - Sunday: Closed

MYCHART PATIENT PORTAL

TMH MyChart is the patient portal for Tallahassee Memorial HealthCare and TMH Physician Partners patients to help you have a more active role in managing your and your family's health wherever and whenever it is convenient for you.

With TMH MyChart you can:

- Schedule an appointment online
- See lab results
- View medical records
- Request prescription refills
- Message with your providers
- Pay your bill online
- Check-in online for your doctor's visit and Urgent Care
- Complete patient forms
- Update your insurance information

To learn more please visit TMH.ORG/MyChart

Please note that your test results will appear in MyChart as soon as they are available. You may even receive results before your provider reviews them. Since test results often contain complex information, please allow your provider time to review and contact you about any diagnoses or treatments.

All *your* care in one place

Your TMH MyChart account keeps you connected to your entire healthcare team when it's convenient for you. MyChart allows you to view your daily schedule, test results and medication details during your stay at TMH. After discharge, you can use MyChart to request prescription refills, make appointments, view your medical records and pay your bills.



Ask us to send you a personalized link or visit TMH.ORG/MyChart

YOUR EXPERIENCE IS IMPORTANT TO US

We want to be the best, and you can help.

After your visit at TMH, you may receive a survey asking about your experience.

Help us recognize outstanding caregivers, and/or provide feedback where we can improve.

We thank you in advance for completing the survey.



You may receive a survey by phone, mail, email or text. Surveys are administered by Qualtrics. All responses are confidential. Should you need an advocate or have a concern we can address while you are here, please contact the Patient Experience Department at 850-431-5488.



THE BIG BEND'S LEADER IN ADVANCED, COMPASSIONATE CARE

Academia & Research

TMH is home to four medical residencies, training the next generation of medical leaders right here in our community. Through our Office of Research, physicians lead clinical trials that give patients access to the latest medical advancements. In partnership with Florida State University, TMH will open a state-of-the-art Academic Health Center in 2026, focused on clinical trials, precision health, digital health, clinical informatics, and translational research.

Emergency & Trauma

With two emergency centers and the region's largest team of board-certified emergency medicine physicians, TMH is always ready to respond. As the area's only Level II Trauma Center, TMH provides comprehensive, definitive care 24/7 for patients with traumatic injuries.

Orthopedics

TMH's orthopedic center offers surgical joint replacements, quality post-operative care, and compassionate inpatient rehabilitation services.

TMH Physician Partners

With more than 50 primary and specialty care practices available across seven counties, TMH Physician Partners is a vast network of medical providers offering exceptional patient care.

Behavioral Health

Expert adult and pediatric mental health care to treat substance use disorder, mood and anxiety disorders and more through a collaborative team of psychiatrists, psychologists, nurses, social workers and other mental health professionals.

Heart & Vascular

A top complex and comprehensive cardiovascular program in the Southeast with the area's only Structural Heart, Critical Limb Ischemia, Heart Rhythm, Heart Failure and Cardio-Oncology Programs.

Panama City Beach

TMH and The St. Joe Company opened the first building at the FSU/TMH Medical Campus in Panama City Beach in 2024, bringing primary care, urgent care, cardiology, pulmonary and vascular services under one roof. In 2027, a 100-bed hospital with an emergency center and other inpatient services including surgery, cardiology procedures and imaging, will open with our partners at FSU Health.

Urgent Care & Walk-In Clinics

With three Urgent Care Centers and three Walk-In Clinic locations across the Florida Panhandle, TMH treats everything from the flu to fractures in our community.



TALLAHASSEE
MEMORIAL
HEALTHCARE

WHAT WE DO

Cancer

The most powerful cancer program in the Big Bend region is also the longest continuously accredited comprehensive community cancer program in Florida.

Neurosciences

Home to the region's most advanced neurosurgery program, TMH offers comprehensive care—from endovascular procedures for stroke and aneurysms to complex spine surgeries. TMH also houses the region's only Trauma and Neurological Intensive Care Unit to support patients through recovery.

Surgery

TMH is home to the largest and most experienced surgical team in the area, offering a state-of-the-art facility, revolutionary technology and minimally-invasive options to help patients heal faster with less pain.

Women & Children

Home to the region's only high-risk Labor and Delivery Unit, Level III Neonatal Intensive Care Unit and Pediatric Intensive Care Unit, TMH is dedicated to helping moms, babies and children thrive—together.

Daisy Award for Nurses

Our DAISY Award nursing honorees personify the best of Tallahassee Memorial HealthCare's patient experience. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care, and they are recognized through this international award as outstanding role models in our nursing community. Nurses can be nominated by anyone. In the healthcare setting, nominations come from patients, family members, other nurses, physicians, clinicians, or staff - who experience or observe extraordinarily compassionate care being provided by a nurse.



BEE Award for Clinical Support Staff

BEE stands for Being Excellent Every Day. The award celebrates and honors the excellent job that members of our non-nursing clinical support staff (Patient Care Assistant, Certified Nurse Assistant, Medical Assistants, Nurse Externs, Monitor Technician, EC Technician, ER Technicians, Mental Health Assistants, Psychiatric Technicians, Unit Secretary, and Department Secretary) do every day. Just like a DAISY would not be able to grow without the help of the BEE, our nurses could not do what they do for our patients without the outstanding teamwork of other clinical support staff. Acknowledging how critical teamwork is to provide excellent care, the BEE Award was inspired by the DAISY Foundation — because a DAISY and a BEE complement each other and help each other THRIVE!



Nomination Criteria for the DAISY and BEE

All DAISY nominees should have:

- Served as a role model for the nursing profession.
- Significantly made a difference in the life of a patient.
- Established a special connection with patients and families through trust and emotional support.
- Displayed a commitment to the highest standards of professional nursing practice.
- Demonstrated excellent clinical and critical thinking skills
- Kept the patient and their family at the center of care.

All BEE nominees should have:

- Made a significant impact on patients and families during and even beyond their stay at the hospital or clinic.
- Established a meaningful connection with a patient and families through trust and support.
- Demonstrated excellent skill and professionalism.
- Served as a great representation of the hospital or clinic displaying the mission of making communities healthier.
- Demonstrated excellent clinical and critical thinking skills.
- Kept the patient and their family at the center of care.

Did you have a nurse or staff member who went above and beyond to take care of you during your stay? Nominate them and tell us about it by clicking the link below. You may also pick up brochures on the units and submit the written form to any nurse or nurse manager or mail to Nursing Administration, 1300 Miccosukee Road, Tallahassee, Florida, 32308.



**Daisy Award
for Nurses**



**BEE Award
for Clinical
Support Staff**

Your NURSE - DAISY Award

DAISY Award honorees personify the best of Tallahassee Memorial HealthCare's patient experience. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care and they are recognized as outstanding role models in our nursing community.

I would like to nominate _____
from the _____ unit as a deserving recipient of The DAISY Award. This nurse's clinical skill and compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. Please nominate only one nurse on this form. Describe in detail how this nominee consistently meets the following criteria:

- Integrity • Compassion • Accountability • Respect • Excellence

Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated be chosen.

Your Name _____

Phone _____

Email _____

Date of Nomination _____

I am (please check one): Patient Family/Visitor

You may submit the form to any nurse or nurse manager or mail to Nursing Administration, 1300 Miccosukee Road, Tallahassee, Florida, 32308. If you have any questions, please contact Patricia Kenney, Executive Director Patient-Centered Care at 850-431-5682.

Please describe a situation (minimum of 50 words) involving the nurse you are nominating that clearly demonstrates how they meet the criteria for The DAISY Award (you may attach an additional paper if needed):

Surgical Pre-Admission Clinic
Open Monday - Friday, 8 am - 5 pm
Phone: 850-431-1155, ext. 38122
Fax: 850-431-7874



**TALLAHASSEE
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