



Date _____

Patient name _____ Date of birth _____

PROCEDURE: Procedure date _____

Surgeon _____

Procedure planned _____

RECORD

Pre-procedure bowel prep: Will patient be required to have one? No Yes Patient doesn't know

Hb A₁C: Must be completed and in the system no more than 90 days prior to scheduled procedure.

Date completed _____ Results _____

Diabetes mellitus type: Type 1 Type 2 Gestational Other _____

Insulin pump therapy:

Is your patient on an insulin pump therapy? No Yes

- If yes:
- Instruct the patient that the pump needs to be stopped before the procedure.
 - Instruct the patient about the alternative insulin plan in place during that time.
 - Record medications and your instructions below.

For your information:

- After surgery, when cognitively able to manage the pump safely, the patient will be allowed to begin the insulin pump therapy again. How this decision will be made:
 - For inpatients, the Diabetes and Endocrine Services will assess, if applicable to site.
 - For outpatients, the patient may begin insulin pump therapy again after discharge.
- Blood sugars will be monitored and treated by the surgical team during the procedure.



Daily diabetes medication(s): Patient is taking these diabetes medications: (include insulin):

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

Patient medication instructions: (prior to surgery)

Medication instructions given for patient to do **the day BEFORE the procedure** _____

Medication instructions given for patient to do **the day OF the procedure** _____

TIME _____ **DATE** _____ Person Completing Form signature _____ Credentials _____

TIME _____ **DATE** _____ Provider signature _____

Provider printed name _____

FAX INSTRUCTIONS FOR ALL LOCATIONS:

- **No less than 3 business days BEFORE the procedure, fax this form to Pre-Procedure Planning at 616.643.9290.**



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