

# ACKNOWLEDGEMENT OF PATIENT RESPONSIBILITIES FOR SURGERY/PROCEDURES DURING COVID-19



COVID-19 presents special challenges to you and your surgical care team for your pre-operative, surgical and post-operative care. In order to provide the best opportunity for a successful surgery during COVID-19, the following rules and patient responsibilities apply to all surgical patients.

## Understanding Your Risk

Any surgical procedure includes risk, and COVID-19 presents additional risks for all involved in any inpatient or outpatient surgical procedure. The exact nature of the additional risks is unclear because COVID-19 is caused by a novel virus (SARS-CoV-2) that is not currently well understood. You may be at increased risk because of known or unknown underlying medical conditions, medications you are currently taking, or medications you will receive as a result of your surgery that may weaken your immunity to illness. The facility where your procedure will be performed may be treating COVID-19 positive patients. While we use stringent infection control procedures, there is nonetheless a risk that you may be exposed to the virus that results in COVID-19 during your procedure. You and your surgeon should discuss the risks, benefits and any alternative treatment available prior to your surgery, including any additional or unique risk factors that may compromise your health due to the possibility of COVID-19 infection.

## Obtain SARS-CoV-2 Test (for COVID-19)

Prior to any surgery in this facility, we highly recommend:

- obtaining a SARS-CoV-2 (COVID-19) test;
- you alert your surgeon and/or care team if you do not feel well the day before or day of the surgery prior to the beginning of the surgery, even if you have tested negative for COVID-19.
- alert your surgeon and care team if you live with or spend time with anyone who is feeling unwell or who has tested positive for COVID-19.
- as part of surgery preparation, your temperature will be taken and your surgery may be postponed if you have a fever, whether due to COVID-19 or any other infection.

## Isolation & Social Distancing

Please closely follow your health care provider's discharge instructions. Self-isolation before and after surgery may be recommended. Self-isolation means staying home and separating yourself from others in the home. See (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html> AND <https://cv.nmhealth.org/wp-content/uploads/2020/04/NMDOH-COVID-19-Confirmed-Case-Home-Isolation-Guidance.pdf>).

If self-isolation is not recommended, it is also important that you practice social distancing after your pre-operative testing and you may also be instructed to do so for up to 14 days following your surgery. Social distancing, or "physical distancing," means keeping at least 6 feet from other people, not gathering in groups, and avoiding crowded places.

PATIENT IDENTIFICATION



**Acknowledgement:**

In an effort to minimize the risk of COVID-19 transmission to patients, healthcare workers and others, the following requirements and expectations for all patients undergoing a surgical procedure must be acknowledged. **Please read and initial that you understand and agree to each requirement.**

1. I understand that my surgical procedure may be rescheduled at any time.	_____
2. I understand that I (and my personal caregiver, if applicable) will be screened by telephone for symptoms, previous exposure, and prior COVID-19 testing by the pre-anesthesia team/ scheduling prior to my procedure.	_____
3. I understand that I will need to be tested for SARS-CoV-2 (COVID-19) within a few days of my surgery. If the test is positive, my procedure may be postponed to a later date.	_____
4. I understand that I will be required to wear a mask when entering and while inside the facility. If I do not have a mask, one will be provided to me.	_____
5. I understand that upon arrival to the facility, I will be screened for COVID-19 symptoms and have my temperature checked. I further understand that the facility requires everyone to cover their mouth when coughing, use tissue and dispose of tissue in trash cans as required by the NM Department of Health.	_____
6. I understand that visitation after my procedure may be restricted and that if I am allowed to have visitors, they will be required to comply with infection control measures (e.g. wearing a mask and symptom screening when entering the hospital).	_____
7. I understand the importance of following my health care provider's discharge instructions and that self-isolation both before and after surgery may be recommended.	_____
8. I will engage in social distancing both before surgery and for up to 14 days after surgery if instructed to do so.	_____
9. I will immediately contact my provider if I develop any of the following symptoms before or after my procedure: cough, shortness of breath, fever, chills, muscle aches, headaches, sore throat, or new loss or change of taste and/or sense of smell.	_____
10. If I am the parent of a child or a caregiver for a patient who is having surgery and wish to accompany the child or patient before and after their surgery, I will need to be tested for SARS-CoV-2 (COVID-19).	_____

I have had the opportunity to review, discuss and ask questions about the COVID-19 risks associated with my surgery with my surgeon. By signing below, I agree to follow all the requirements outlined above. I understand that failure to follow the requirements above may result in my surgery or procedure being postponed.

\_\_\_\_\_  
PATIENT/LEGAL REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Relationship to patient