



The Children's Hospital Information Packet

Primary Surgery Date: _____ Secondary Surgery Date: _____

Important Contact Information

The Children's Hospital (TCH)
13123 East 16th Avenue
Aurora, CO 80045
(720) 777-1234

TCH Financial Counseling Department
(720) 777-6408

TCH Anesthesiologist Department
(720) 777-6226

Checklist: Important Things to do!

___ Right Away: Call your MEDICAL insurance provider for coverage information. Ask the questions listed on the following page to find out what your MEDICAL insurance will cover for anesthesiologist and outpatient costs.

___ If your medical insurance tells you that you need a statement of medical necessity, or preauthorization, call Karen at West Metro Pediatric Dentistry to let her know. She will need all of your medical insurance information including the phone number to call for preauthorizations.

___ If your medical insurance will not cover anesthesiologist and outpatient costs, call The Children's Hospital Financial Department to discuss financing options.

___ Right Away: Call your child's pediatrician to schedule an "outpatient surgery physical" for the Monday or Tuesday immediately before your Primary Hospital Date (above). The doctor will need to check your child for any colds or infections.

___ Right Away: Read through this entire hospital packet and the hospital policy consent form. Initial each item on the hospital policy consent form, sign the second page, and mail or fax to our office. Call with any questions.

___ 3-4 weeks prior to primary hospital date: Review treatment plan and copayment costs with Karen.

___ Two weeks prior to primary hospital date: Full copayment due for dental costs not covered by insurance

___ 1-2 days prior to primary hospital date: Complete "outpatient surgery physical" at your child's pediatric office.

___ If your child does not pass this physical, and is unable to go to the scheduled primary hospital date, call Karen ASAP to notify her.

___ If your child does pass the physical, bring a signed notice of the physical to The Children's Hospital on your hospital date.

___ 1 day prior: Call Karen to schedule follow up visit at West Metro 2 weeks after hospital date.

___ Hospital Day: Check in AT LEAST 2 hours prior to surgery time at main entrance at The Children's Hospital.

___ 2 weeks after: Post-Hospital Surgery Follow Up at West Metro. At this appointment, schedule 3 month cleaning appointment.

___ 3 months after: Cleaning appointment at West Metro.

Appointment Policy

Scheduling a hospital visit for your child's dental work is a serious matter. Valuable time has been set aside to care for your child's dental health. In addition to our office coordinating the dentist's schedule, the hospital must also coordinate schedules for the anesthesiologist and nurses in order to provide your child with the best care.

As the parent/guardian, it is your responsibility to make every effort to keep your child's hospital appointment. If you must cancel and/or reschedule your child's appointment, please let us know as soon as possible so that we may schedule another child in his/her place.

If your child does not pass the physical exam, please have your pediatrician's office call our office immediately. You will also need to call our treatment coordinator to cancel/reschedule the appointment.

If your child's treatment is not covered through your insurance and you are unable to cover the costs, please let us know as soon as possible so that we can cancel/reschedule the appointment.

If you fail to show up for your child's scheduled appointment, we may not be able to schedule a second appointment at the hospital, or we may not be able to schedule another appointment for several months.

Hospital Fee

There is a *non-refundable* hospital fee of \$200-\$400 (determined by your dental insurance) that will be collected before scheduling your child's hospital visit. This fee is NOT covered by dental insurance. If you have you reschedule your child's appointment for reasons other failing the outpatient surgery physical and do not provide sufficient notice, you will be charged this hospital fee again in order to reschedule.

Financial Responsibility: Dental Insurance

All dental costs will be billed through your dental insurance. Karen will put together a treatment plan with an estimate of these benefits. All dental costs not covered by your insurance company, including anything over your insurance maximum, are due to our office 10 days before the date of your child's hospital visit. If full payment of these costs is not received in our office 10 days prior to the appointment, it will be canceled and no fees will be refunded. The costs will be estimated based upon the information we have received from your dental insurance company and is only an estimate. If for any reason the treatment changes and more charges incur, you will be responsible for the remaining amount. If treatment changes and there is a refund due, we will send a refund check after insurance has paid their portion.

Financial Responsibility: Medical Insurance

All anesthesiologist and outpatient facility costs will be billed to your medical insurance, not your dental insurance. These costs will be billed through The Children's Hospital. West Metro Pediatric Dentistry does not take responsibility for coordinating any medical benefits. If you have questions regarding your coverage, other than predetermination information, please contact The Children's Hospital directly. If you need predetermination or medical necessity information for your medical insurance, please let Karen know ASAP. You need to call your medical insurance and ask them the following questions to determine coverage:

1. Does your plan cover The Children's Hospital?
Yes ___ No ___
2. Does your insurance plan cover the outpatient facility and the anesthesiologist?
Yes ___ What is your benefit? (\$_____ or ___%)
No ___
3. Is a pre-certification required for the outpatient facility and/or anesthesiologist?
Yes ___ No ___
4. Name of the representative with whom you spoke: _____

You may need the following codes when calling your insurance company:

Out Patient Code-41899

Anesthesiologist Code-00170
Diagnostic Code Dental-521

You may need the names of the anesthesiologists available to perform dental anesthesiology:

Michael Bertz, D.D.S.
Brett Wallen, D.M.D.
Jennifer Wallen, D.M.D.

You will have to contact the hospital's Financial Department if your insurance does not cover the charges for the outpatient facility and the anesthesiologist. They can help you with what the costs will be and possibly set up a payment plan. You are responsible for making your own financial arrangements with the hospital. Be prepared to pay for your portion the day of surgery.

Pre-Surgery Instructions

Eating & Drinking

It is very important that your child does not eat anything 8 hours prior to his/her surgery time.

Last food intake may not be after: _____

Your child may drink water up to 3 hours prior to his/her surgery time.

Last water intake may not be after: _____

Please follow these instructions very carefully. Even a sip of wrong drink at the wrong time can cause the child to aspirate during surgery and can be fatal. If you give your child anything to eat or drink outside of the anesthesiologist guidelines, the surgery will be canceled and not rescheduled.

TCH DEPARTMENT OF ANESTHESIOLOGY: NPO GUIDELINES FOR REDUCING THE RISK OF ASPIRATION AND PNEUMONIA (Medical Staff Version)

SUMMARY OF RECOMMENDATIONS	
INGESTED FOOD or LIQUID	MINIMUM FASTING PERIOD
Clear liquids ¹ and medications ²	2 hours
Breast milk	4 hours
Formula, cow's milk, and non-clear liquids ³	6 hours
Solid food	8 hours
Gum, candy, mints, Tic-Tacs	6 hours ⁴

¹A clear liquid is one that allows reading of print through the liquid when placed in a glass. Examples are water, Pedialyte, clear apple juice, carbonated beverages, sport drink, clear tea and black coffee.

²Prescription medications should be taken with a sip of clear liquid on their normal schedule more than two hours before the scheduled start of the procedure. Medications taken in foods (such as applesauce) must be given eight or more hours before the scheduled start of the procedure.

³Orange juice is considered a non-clear liquid.

⁴Individual physician discretion may be used depending on the nature of the oral intake.

Important Additional Information:

- Following this guideline does not guarantee that complete gastric emptying has occurred. Increasing the fasting time may be required for patients with medical problems known to delay gastric emptying. Conditions that may delay gastric emptying include fever, viral and bacterial infections, trauma, significant pain, and intake of narcotic pain medications.
- If you have questions or need clarification of fasting times as they pertain to a patient, please contact the Department of Anesthesiology at 720-777-6226.
- These are to be considered guidelines only and may be altered at the discretion of the physician responsible for anesthesia or sedation especially in the case of coexisting disease or in an emergency.

Based on: Practice Guidelines for Preoperative Fasting and the Use of Pharmacological agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures. A Report by the American Society of Anesthesiologists Task Force on Preoperative Fasting. Anesthesiology 1999;90 896-905

Reviewed by: PSOT Date: Originated November 2, 1999 Revised March 12, 2009

What to Bring

Your child's medical insurance or Medicaid card

Method of payment if required

Completed physical form (from outpatient surgery physical) with you to the hospital

A new toy or book to help distract the child from hunger or thirst while waiting

Driving Directions to The Childrens Hospital

From the North

Take I-25 S/US-87 S. Merge onto I-270 E/US-36 E via the exit on the left toward AIRPORT/AURORA/LIMON. Merge onto I-70 E/US-36 E via the exit on the left. Merge onto I-225 S toward Colorado Springs/Aurora. Take the Colfax Avenue/US-40/US-287 exit, Exit 10. Turn right onto E. Colfax Ave. The hospital is on the north side of Colfax. Turn north (right) on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

From the Northeast/Airport

Travel south on Pena Blvd. Merge onto I-225 S via exit 282 toward Aurora/Colorado Springs. Take Colfax Avenue/US-40/US-287 exit, Exit 10. Turn right onto E. Colfax Avenue. The hospital is on the north side of Colfax. Turn north on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

From I-70 W, merge onto Colfax Ave/US-40/US-287 exit, Exit 288 on left. Turn right onto E. Colfax Ave/I-70 BL W/US-287 N/US-40 W. The hospital is on the north side of Colfax. Turn north on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

From the South

Take I-25 N toward Denver. Merge onto I-225 N via Exit 200 toward I-70 Limon. Take the Colfax Avenue/US-40/US-287 exit, Exit 10. Turn left onto E Colfax Ave. The hospital is on the north side of Colfax. Turn north on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

From the Southwest/West

Take I-70 E toward Denver. Merge onto I-225 S toward Colorado Springs/Aurora. Take the Colfax Avenue/US-40/US-287 exit, Exit 10. Turn right onto E. Colfax Ave/I-70 BL W/US-287 N/US-40 W. The hospital is on the north side of Colfax. Turn north on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

From the Northwest

From HWY 36, follow signs to I-270 then to I-70 E. Merge onto I-225 S toward Colorado Springs/Aurora. Take the Colfax Ave/US-40/US-287 exit, Exit 10. Turn right onto E. Colfax Ave/I-70 BL W/US-287 N/US-40 W. The hospital is on the north side of Colfax. Turn north on Children's Way or Aurora Court and look for dedicated parking for The Children's Hospital.

Preparing Your Child for Surgery

Your child may have lots of questions about his or her operation; be prepared with the best answers. What and when you tell your child will depend on age, emotional maturity and coping abilities.

When to Talk to Your Child

Infants and toddlers

Very young children need little preparation. They do, however, quickly pick up on parents' emotions. Your confidence will help reassure your child. At this age, children have little concept of time, so don't begin talking about the hospital until a day or two before the operation.

Preschool and young school-age children

Talk to your child about going to the hospital three to five days before the operation. It's important to give your child time to think it over and ask questions. At this age, you'll want to be sure your child knows it is not his or her fault and he or she will feel better after the operation.

Older school-age children and adolescents

Discuss the operation with your older child as soon as it is scheduled. Talk to your child again about four to five days prior, answering any questions he or she might have. At this age, let your child make as many decisions about the procedure as possible. Also, respect your child's need for some control over who is told about his or her condition and procedure.

How to Talk to Your Child

Be honest

If your child asks a question and you don't know the answer, tell him or her you don't know, but you will try to find the answer.

Use familiar words

For younger children, use nonthreatening words your child understands. For example, say "sore" instead of "pain." When describing an "anesthesiologist," you might say "sleep doctor." Say "small opening" instead of "incision." At the same time, respect that older children, especially teens, may be offended by euphemisms.

Talk about how the operation will help your child

Let them know they will feel better after the operation and that, while they recover, activities and school can be scheduled around their needs.

Let your child know you will be at the hospital the whole time and you will take him or her home afterward.

More ideas and activities for your family

Tell your child to bring a favorite toy, book, security blanket or other treasured item. Older kids may want to bring books or hand-held games.

Let your child make choices before and after the operation, when appropriate. For example, ask your child to pick out which clothes to pack for the hospital or which toy to bring.

Encourage your child to draw pictures as a way to express feelings and thoughts about the operation. Ask them what they were thinking about while they drew.

Suggest that your older child keep a journal of thoughts and feelings about the surgical experience.

Include your child in planning homecoming activities, such as a movie night or a celebration with favorite snacks.

Encourage your child to play doctor and talk about the upcoming operation. Use a doll or stuffed animal as the patient. This type of play may give you further insight into your child's thoughts and feelings.

Practice deep breathing exercises, alphabet or counting games or squeeze your child's hand right before surgery or to distract from any discomfort afterward.

Understanding Anesthesia

In addition to understanding your child's condition or illness, you may want to know about anesthesia, too. Each year, the pediatric anesthesiologists at The Children's Hospital perform almost 20,000 anesthetic procedures exclusively on children. That's experience you can count on.

Anesthesia is a medicine that induces a sleeplike state

Anesthesia will be given through a mask continuously during the operation. The anesthesia helps your child fall into a deep, sleeplike state that protects your child from pain. He or she won't remember the operation.

As a parent, you may want to be there during induction

Anesthesia induction is the two- to three-minute process at the beginning of administering anesthesia. It may be possible for you to be with your child during induction, so let the hospital staff know if you want to be present. Your child's anesthesiologist can help determine if you should be there, based on the age of your child, previous health history and the length of the procedure.

Specially trained pediatric anesthesiologists help keep your child safe

Children react to anesthesia differently than adults. At The Children's Hospital, all of our anesthesiologists are specially trained in children's anesthesia, ensuring your child receives the best care. Your anesthesiologist, whom you will meet before the operation, will monitor your child the entire time they are under anesthesia, checking blood pressure, heartbeat and oxygen levels.

There are some simple side effects

Side effects can include sleepiness, irritability, nausea, vomiting, sore throat and hoarseness. These side effects are not serious and will go away within a few hours to a few days. Your child may also be uncoordinated for up to 24 hours after anesthesia.

There is risk, but it's minimal

Reactions are extremely rare. The most severe—and the rarest—can be life threatening. Rest assured, The Children’s Hospital is one of the finest pediatric hospitals in the nation. Every member of our staff is focused on children, and our physicians have the expertise and experience to keep your child as safe as possible.

No eating, no drinking, no kidding!

If your child eats or drinks too close to the time of the operation, the procedure will have to be rescheduled. So, follow your surgeon’s instructions—often referred to as “NPO guidelines”—regarding eating and drinking, even water, before the operation. Food or drink in your child’s stomach may be inhaled during anesthesia induction, causing complications. These NPO guidelines help minimize this risk.

If you have questions or need more information about NPO guidelines, please call the Department of Anesthesiology at (720) 777-6226.

What to Expect the Day of Surgery

Arriving at the Hospital

You will need to arrive at the hospital two hours before your scheduled operation. This helps ensure there is enough time to register, complete paperwork, ask questions and prepare for the surgery. You can park in the parking garage at the main entrance to The Children’s Hospital.

First stop: Admissions/Patient Access Area

Once you have picked up an ID badge at the information desk, please proceed to the Admissions/Patient Access area, located on the east side of Boettcher Atrium just past the information desk.

Second Stop: The Surgery Reception Area

A representative from our patient access team will direct you to the outpatient surgery area.

Settling in and waiting

First, you will complete any necessary paperwork and answer questions about your child’s health history.

Next, you will meet your child’s nurse, who will listen to your child’s heart, check his or her temperature and do any other necessary tests. Some children will need blood drawn or to provide a urine sample at this time.

You will also meet with your child’s surgeon, anesthesiologist and operating room nurse.

You will have an opportunity to ask questions about the operation and anesthesia. You may want to discuss your child’s recovery, pain care or appearance after surgery.

Your child’s surgeon will confirm with you the location of the operation on your child’s body and may mark this site on your child’s skin with a special marker.

What Parents Can Expect

There are two schedules on the day of your child’s operation - one for you and one for your child. Again, knowing exactly what to expect will help you feel more prepared, comfortable and reassured when the time comes.

Going into surgery

Give your child a hug and remind him or her that you will be there as soon as he or she wakes up. If you and your doctor have decided you should be present during anesthesia induction, you will put on protective suiting and follow the nurse into the operating room. Once your child is in a deep sleep, you’ll head to the waiting area.

The waiting area

This area is designed to be a comfortable, nearby place for you to wait during your child’s operation. If you need to leave the area, please leave your cell phone number with the volunteer or take a pager so we can reach you. In the waiting area, you will find:

A volunteer to guide you through the process

A free long-distance phone for your use

A TV and play area for children

A place where cell phones may be used

Wireless internet access

In the recovery room

When your child begins to wake up, the nurse will bring you to his or her bedside so you may sit with your child.

Children waking up from anesthesia may cry and seem confused. This is a common reaction.

Your child may also be breathing some extra oxygen—this is normal. If you have questions or concerns, the recovery room nurses will help.

All children need to be held and touched by those they love. Ask for help from the nursing staff if you would like to hold your child but are not sure how to go about it because of equipment or bandages.

Depending on your child's procedure, you may either help them get dressed for their trip home or you will go with them to their hospital room for recovery.

After your child's operation

Ask for pain relief when your child's pain first begins.

Help your doctor and nurse understand how your child reacts to pain.

Tell your doctor or nurse if the pain is not relieved.

Tell your doctor or nurse if you have any worries about your child taking pain medication.

Post Operative Care

The following suggestions are recommended once you are at home:

1. Do not allow your child to rinse, spit or disturb the surgical site in any way for the remainder of the day. Please keep your child's fingers and sharp objects such as toys, popsicle sticks and straws out of his/her mouth.
2. Please have your child rest at home today. Normal activity and school attendance may begin again tomorrow, unless otherwise instructed.
3. First give your child clear fluids for 6 hours (ginger ale, apple juice, Jell-O, etc.). Then he/she should eat a soft diet for the next few days. (For example: eggs, pudding, yogurt, soups, mashed potatoes, white bread with the crust removed.) *AVOID* foods that are too hot, spicy, sticky, chewy, or hard. *NO GUM.*
4. Try to keep the mouth as clean as possible after 24 hours by gently brushing the teeth or wiping the mouth carefully with moistened gauze pads. Older children may begin warm salt water rinses as often as every 2 hours (½ teaspoon of salt dissolved in 6 ounces of warm water) the day following surgery. Normal (gentle) brushing may begin again 24 hours after surgery.

After ORAL SURGERY the following may occur:

Pain

Most children do not have much pain after the operation. Your child may have a sore throat or headache for a few days. This is usually helped by giving acetaminophen (Tylenol). If pain is not relieved or continues beyond 48 hours, contact your doctor. *DO NOT USE ASPIRIN.*

Bleeding

Some bleeding is to be expected for the first 24 hours. If bleeding continues, fold a clean cloth or gauze, place it over the bleeding site and apply pressure for 10-15 minutes with your child sitting in an upright position. If this does not stop the bleeding, contact your child's dentist. *DO NOT SLEEP WITH A GAUZE PACK IN THE MOUTH.*

Swelling

Some swelling may occur. Apply something cold to the swollen area (20 minutes on, 20 minutes off). Ice in a washcloth or a bag of frozen peas works nicely. *DO NOT APPLY HEAT.* If swelling doesn't decrease, or increases after 48 hours, contact your child's dentist.

Bruising

Bruising of the skin may occur. It should disappear within a week.

Sore Throat / Ear Pain

Sore throat, some difficulty in opening the mouth, or ear pain may occur, and will begin to improve within 2 - 4 days. If it does not, call (303) 422-3746.

Fever

If your child develops a fever over 101°F for more than 8 hours, call the Emergency Department at (303) 861-6888 or your child's physician.

PROBLEMS: Call West Metro at (303) 422-3746 or The Children's Hospital Dental Clinic at 720-777-6788.