**HOW TO USE THE LANGUAGE LINE**

* **DIAL 1-888-420-9740 FOR THE LANGUAGE LINE**
* **PRESS ‘1’ FOR AN ACUTE CARE FACILITY**
* **STATE THE LANGUAGE NEEDED, AND THAT THE CALL IS A ‘DIAL OUT’**
* **IF LEAVING A MESSAGE WITH THE INTERPRETOR, ASK THT PATIENT HAS MEDICATION LIST AVAILABLE WHEN THE CALL BACK IS MADE**

**HIPPA APPROVED MESSAGE WHEN DOING PRE-CALLS**

**HELLO, THIS MESSAGE IS FOR \_\_\_\_\_\_\_\_\_\_\_. THIS IS HARTFORD HOSPITAL CALLING ABOUT YOUR UPCOMING PROCEDURE. WE NEED A FEW MINUTES OF YOUR TIME TO GO OVER YOUR MEDICAL INFORMATION PRIOR TO YOUR APPOINTMENT. PLEASE CALL US BACK AT (860-972-5493). WE ARE HERE UNTIL 4 PM.**

**IF YOU REACH OUR VOICE MAIL, PLEASE LEAVE YOUR NAME, DATE OF YOUR PROCEDURE, AND THE BEST TIME TO REACH YOU. WE WILL DO OUR BEST TO CALL YOU WITHIN THAT TIME FRAME. THANK YOU SO MUCH, AND WE LOOK FORWARD TO SPEAKING WITH YOU SOON.**

**PRE-CALL CHEAT SHEET**

* **CONFIRM SPELLING OF NAME, DATE OF BIRTH**
* **REASON FOR PROCEDURE**
* **HEIGHT, WEIGHT AND BMI CONVERSION**
* **ALLERGIES**
* **REVIEW MEDICATIONS**
1. **RECONCILE ALL MEDICATIONS**
2. **INSTRUCT PATIENTS TO TAKE ONLY THE FOLLOWING MEDICATIONS ON THE DAY OF THE PROCEDURE:**
3. **CARDIAC MEDICATION**
4. **HYPERTENSION MEDICATIONS, EXCEPT DIURETICS**
5. **ANTI-SEIZURE MEDICATIONS**
6. **ANTI-PSYCHOTIC MEDICATIONS**
7. **METHADONE**
8. **INHALERS**
9. **INSULIN-CCORDINATE WITH PRESRIBING MD**
10. **BLOOD THINNERS-CALL GI MD TO DETERINE WHEN TO DISCONTINUE**
11. **PPI’S AS INDICATED**
* **HEALTH HISTORY:**
1. **PULMONARY**
2. **SLEEP APNEA**
3. **ASTHMA**
4. **COPD**
5. **CARDIAC**
6. **HYPERTENSION**
7. **IRREGULAR HR**
8. **MURMUR**
9. **NEURO**
10. **SEIZURE**
11. **STROKE**

1. **ENDOCRINE**
2. **DIABETES**
3. **THYROID**
4. **KIDNEY/LIVER**
5. **STONES**
6. **DIALYSIS**
7. **CHRONIC KIDNEY FAILURE**
8. **HEPATITIS**
9. **JAUNDICE**
10. **CIRRHOSIS**
11. **BLOOD DISORDERS**
12. **CLOTTING DISORDERS**
13. **CANCER**
14. **TYPE**
15. **CHEMOTHERAPY**
16. **RADIATION**
17. **OTHER**
* **SURGICAL HISTORY**
* **SMOKING, ALCOHOL, DRUG HISTORY**
* **OUT-PATIENT PROFILE:**
1. **PREFERRED LANGUAGE**
2. **SPECIAL NEEDS**
3. **TRANSPORTATION**
4. **DIRECTIONS AND PARKING**
* **PRE-OP CONFIRMATION**
1. **COMPLETE GI APPROPRIATE QUESTIONS**
2. **QUESTIONS FROM PATIENT**
3. **CHECK ‘CALL COMPLETE’ WHEN HISTORY IS COMPLETED**

**CLEAR LIQLUID DIET-AVOID ALL PRODUCTS THAT ARE RED OR PURPLE**

**NO SOLID FOODS**

* **DRINKS WITH ELECTROLYTES (SPORT DRINKS, POWER DRINKS, SMART WATER)**
* **SELTER WATER, INCLUDING FLAVORED WATER**
* **SOFT DRINKS (REGULAR OR DIET): GINGER-ALE, SPRITE, COLA, CREAM, 7-UP)**
* **CLEAR CHICKEN OR BEEF BROTH**
* **STRAINED JUICES WITHOUT PULP (APPLE JUICE, WHITE GRAPE, WHITE CRANBERRY). NO ORANGE JUICE.**
* **HARD CANDIES**
* **PLAIN JELLO, POPSICLES, ITALIAN ICE (NO SHERBERT OR FRUIT BARS)**
* **ICED TEA WITH SUGAR, BLACK COFFEE WITH SUGAR (NO MILK OR NON-DAIRY CREAMERS)**

**CLEAR LIQUIDS ALLOW YOU TO SEE THROUGH THEM WHEN THEY ARE HELP UP TO LIGHT**