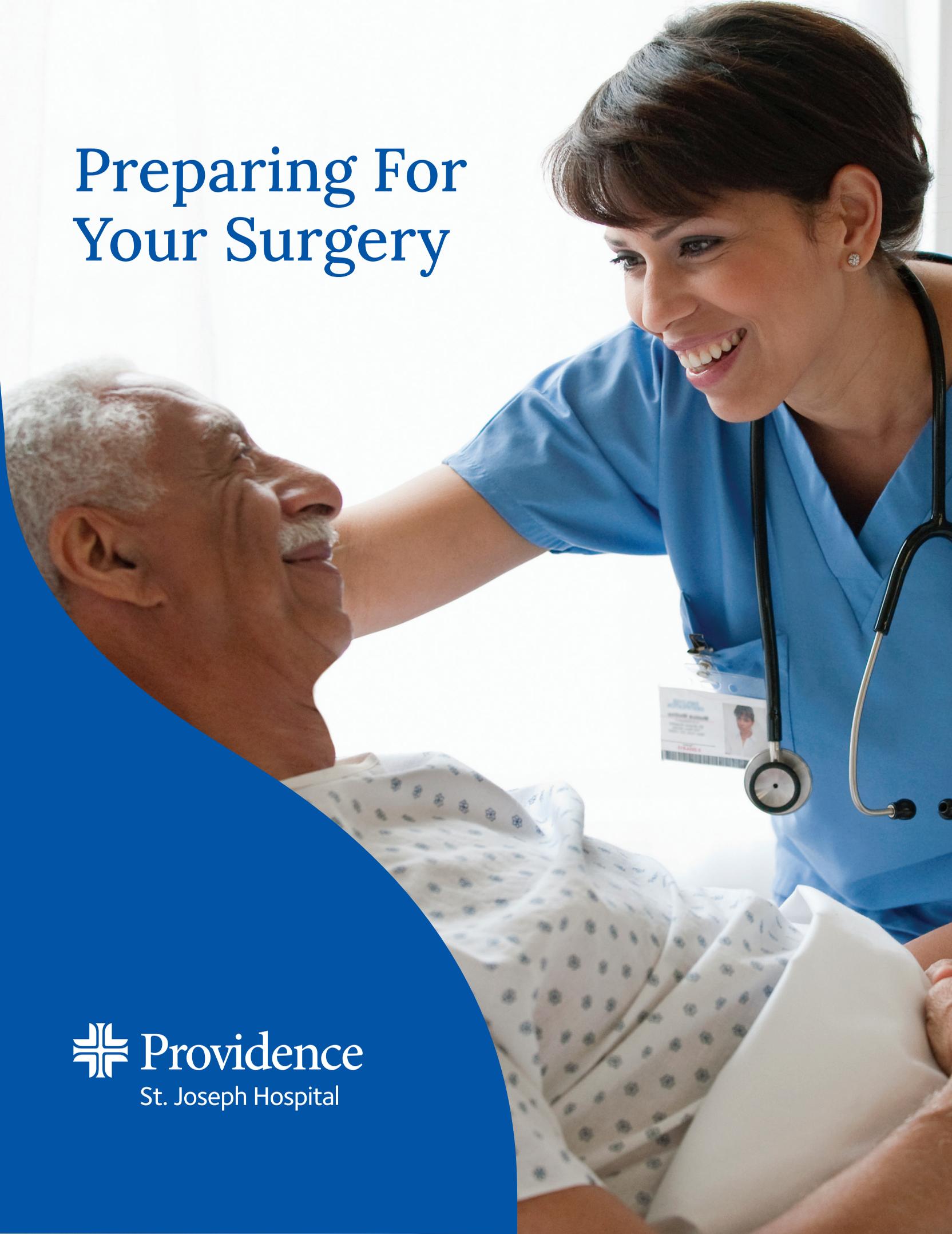


# Preparing For Your Surgery



 **Providence**  
St. Joseph Hospital

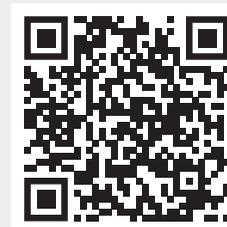


# Welcome

As you get ready for surgery, you may have a lot of questions. This booklet will help you know what to expect before, during and after surgery.

If you develop a cold, fever, or other acute illness prior to your operation date please notify your surgeon's office immediately.

*We want you and your loved ones to know how to prepare for your procedure to allow for the best possible outcome.*



**SCAN THIS QR CODE**

with your phone  
to watch a preparation video

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**This booklet is for information only. It does not replace the advice of your doctor.  
Always follow your doctor's advice.**

# Getting Ready For Surgery

## PLANNING FOR SURGERY

- To help your surgery go as planned, take these simple steps ahead of time.
- Tobacco users, quit or cut down at least two weeks before surgery. **DO NOT** smoke/vape on the day of surgery. Tobacco use is not allowed on any medical center property.
- Ask your doctor about taking your usual medications for diabetes, blood pressure, heart, breathing problems and blood thinning (Coumadin, aspirin, Plavix and anti-inflammatory). The dosage may need to be adjusted for surgery. Otherwise follow the medication recommendations in this booklet.
- Patients with Insulin/medication pumps or meters. Please move your meter and insulin pump away from your planned surgical site at least 24 hours prior to the procedure. This will ensure there is time to confirm it is working well.
- If you wear a medication patch of any kind, please make sure it's not near your surgical site.
- Verify your coverage and check for any pre-certification requirements to avoid penalties or a benefits reduction.
- Arrange for a responsible adult to drive you home after your surgery. If you have a same-day (i.e., outpatient) surgery, you will not be allowed to drive yourself home.
- Arrange for a responsible adult to stay with you for 24 hours after you go home.
- Do not bring small children with you to the medical center.
- Call your surgeon's office for your scheduled surgery time. Arrive two hours before your scheduled surgery. You may be asked to arrive earlier.



**CALL FRIDAY FOR A  
MONDAY SURGERY DATE**

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## PRE-OPERATIVE ANESTHESIA CLINIC

- Specially trained pre-admit clinic staff will help make sure your operation is as safe as possible. You will either have an in-person appointment at the clinic or a phone call with one of the staff members.
- During your in-person visit or phone call, we will review your medical/surgical history and your medications. We will provide you with instructions to follow the week leading up to your surgery date. During the in-person visits we will measure your weight, height, vital signs and complete any required pre-operative testing. We will answer questions about pre-operative preparations you may have.
- Some ordered tests are needed close to the surgery date. We will instruct you on when to return for those tests if ordered.
- We will notify you and your physician of any abnormalities in your preoperative testing that may interfere with a safe surgical experience.
- If you have a more complicated medical history, you may also have an additional phone call/appointment with our advanced practice preoperative clinician.
- You may receive a call from the anesthesiologist assigned to your case the day before surgery.

# Your Surgery and Important Numbers

Your pre-admit clinic appointment: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Your pre-admit testing appointment (if needed): DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Your pre-op appointment with your surgeon: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Your post-op appointment with your surgeon: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## YOUR PROCEDURE

Date of operation: \_\_\_\_\_

Doctor: \_\_\_\_\_

Operation: \_\_\_\_\_

**DUE TO EMERGENCIES AND THE INABILITY TO TELL EXACTLY HOW LONG PARTICULAR CASES WILL TAKE, THE TIME OF YOUR OPERATION IS AN ESTIMATE.**

**THE ACTUAL TIME MAY BE EARLIER OR LATER, BUT WE WILL KEEP YOU INFORMED ON THE DAY OF YOUR OPERATION.**

### IMPORTANT PHONE NUMBERS



SURGEON:

PRE-OP CLINIC  
707- 445-8121, ext. 5176

SHORT STAY UNIT  
707- 445-8121, ext. 2160

ADMITTING/FINANCIAL ADVISORS  
707- 445-8121, ext. 7013

ANESTHESIA BILLING QUESTIONS  
800-275-2152

PATIENT BILLING QUESTIONS  
1-866-747-2455

SPIRITUAL CARE SERVICES  
707- 445-8121, ext. 7521

# The Day of Your Surgery

## HOLD THESE MEDICATIONS

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SEE DETAILED MEDICATION  
RECOMMENDATIONS  
BEGINNING ON PAGE 7

## PREPARING AT HOME

- **DO NOT** eat after midnight.
- **Adult patients:** Drink ample clear liquids up to 2 hours prior to your arrival time to the hospital. If your arrival time is early, please wake up in time to drink 12 oz. of clear liquids.
  1. Alcohol is **NOT** allowed. **DO NOT** drink alcohol within 24 hours of surgery.
  2. Clear liquids mean you can see through the glass.

**Examples:** Apple juice, cranberry juice, water, Gatorade® or other electrolyte drinks. Avoid carbonated beverages.

Coffee and tea are considered clear liquids. **NO** added cream or milks of any types (i.e., cow, soy, almond).

**Diabetic patients:** drink appropriate low sugar clear liquids to avoid high blood glucose on arrival at the hospital.
- **Pediatric and infant patients:** Please ask your doctor for specific eating and drinking instructions.
- Take a shower the evening before and the morning of your surgery, unless instructed otherwise.
- **DO NOT** shave the surgical site for seven (7) days prior to surgery to avoid any scratches or cuts in the surgical area.
- Wear clean, loose, comfortable clothing.
- **DO NOT** wear make-up, nail polish on your hands or contact lenses- this is for your safety.
- **DO NOT** wear a watch or jewelry.
- **REMOVE** all piercings.
- Leave valuables at home.

## WHAT TO BRING

- **Cards:** insurance, prescription, Medicare, etc.
- Money for co-payments, if required by your insurance provider
- **Medications list:** including name, dose and how often you take each one
- Inhalers
- Eyeglasses
- Dentures
- Hearing aids
- CPAP or BiPAP Machine
- Copy of your Advance Directive, if you have one
- Walker, crutches or any personal assistive devices
- A responsible adult to drive you home

## CHECKING IN



Arrive at Providence St. Joseph Hospital, **2700 Dolbeer St.**, at your scheduled arrival time. Enter through the main entrance and go directly to the main lobby security desk. Security will direct you to registration.

### REGISTRATION

- Verify your contact information.
- Present your insurance card.
- Make a co-payment, if required by your insurance provider.
- Sign a treatment agreement. This form allows us to bill your insurance provider for your surgeon.

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*After registration, you will be escorted to Surgical Services (short stay) where you will be prepared for surgery.*

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### SHORT STAY

- Check your blood pressure, pulse and temperature.
- Clip and clean the surgical site if ordered by your surgeon.
- Start an IV (intravenous) in your hand/arm. This is used to give you medicine and/or fluids during and after the surgery.
- You will meet your Anesthesiologist. He or she will discuss the anesthetic plan with you.
- Your family and friends can stay with you until it's time for surgery. During your surgery, they may relax in the main lobby waiting area.

# PRE-ANESTHESIA MEDICATION LIST

**HOLD SEVEN (7) DAYS** before surgery:

- **ALL HERBALS** and **SUPPLEMENTS**

This includes, but is not limited to:

- Ephedra or ma huang
- Fish oil, garlic, ginkgo, ginseng, turmeric, and vitamin E
- Kava, St. John's wort and Valerian
- Echinacea
- ALL Multivitamins  
*OK to take Calcium, Magnesium, Vitamin D, Vitamin C if they are taken separately.*

- **NSAIDs** (Non-steroidal anti-inflammatory drugs)/**blood thinner**

- Aspirin

**HOLD THREE (3) DAYS** before surgery:

- **NSAIDs**

- Advil, Motrin, Midol (Ibuprofen)
- Aleve, Anaprox, Naprosyn (Naproxen)
- Toradol (Ketorlac)
- Mobic (Meloxicam)
- Voltaren (Diclofenac)  
*Topical OK to continue*

- **DIABETIC MEDICATIONS** (SGLT2 inhibitors)

- Invokana (Canaglifozin)
- Jardiance (Empaglifozin)
- Farxiga (Dapaglifozin)
- Stelagro (Ertuglifozin)

**HOLD FOR 24 HOURS** before surgery

**ONLY** if used for erectile dysfunction:

- **PHOSPHODIESTERASE TYPE 5 INHIBITORS**

*May risk low blood pressure under anesthesia*

- Viagra (Sildenafil)
- Cialis (Tadalafil)

**PLEASE DISCUSS WITH YOUR SURGEON AND PRESCRIBING PROVIDER FOR WHEN TO STOP THE FOLLOWING MEDICATIONS:**

- **ANTI-PLATELETS**

*Typically held for seven (7) days prior to procedure*

- Plavix (Clopidogrel)
- Brilinta (Ticagrelor)
- Effient (Prasugrel)
- Ticlid (Ticlopidine)

- **ANTI-COAGULATION**

- Warfarin (Coumadin)  
*typically held five (5) days prior to procedure.*
- Pradaxa (Dabigatran)  
*typically held three (3) days prior to procedure.*
- Eliquis (Apixiban)  
*typically held three (3) days prior to procedure.*
- Xarelto (Rivaroxaban)  
*typically held three (3) days prior to procedure.*
- Savaysa (Edoxaban)  
*typically held three (3) days prior to procedure.*
- Bevyxxa (Betrixaban)  
*typically held three (3) days prior to procedure.*

# DO NOT TAKE ON DAY OF SURGERY

## • DIABETIC MEDICATIONS

- Metformin
- Sulfonylureas
  - Diabeta/Glynase (Glyburide)
  - Glucotrol (Glipizide)
  - Amarl (Glimepiride)
- Meglitinides
  - Prandin (Repaglinide)
  - Starlix (Nateglinide)
- Thiazolidinediones
  - Actos (Pioglitazone)
  - Avandia (Rosiglitazone)
- DPP-4 inhibitors
  - Januvia (Sitagliptin)
  - Onglyza (Saxagliptin)
  - Tradenta (Linagliptin)
  - Nesina (Alogliptin)
- GLP-1 receptor agonists
  - Byetta (Exenatide IR)
  - Victoza or Saxenda (Liraglutide)
  - Adlyxin (Lixisenatide)
  - Rybelsus (Semaglutide)
  - Trulicity (Dulaglutide)\*
  - Ozempic/Wegovy (Semaglutide)\*
  - Bydureon BCise (Exenatide ER)\*

*\*Hold injection one week prior to the surgery*

## • BLOOD PRESSURE MEDICATIONS

- Lisinopril (Prinivil, Zestril)
- Benazepril (Lotensin)
- Quinapril (Accupril)
- Captopril (Capoten)
- Losartan (Cozaar)
- Olmesartan (Benicar)
- Telmisartan (Micardis)
- Valsartan (Diovan)
- Candesartan (Atacand)
- Irebesartan (Avapro)

## • DIURETC MEDICATIONS

- Hydrochlorothiazide (Microzide, HCTZ)
- Furosemide (Lasix)
- Chlorthalidone (Hygroton, Thalitone)
- Metolazone (Zaroxolyn)
- Torsemide (Demadex)
- Bumetanide (Bumex)
- Spironolactone (CaroSpir, Aldactone)

## TYPE 1 AND TYPE 2 DIABETIC INSULIN INSTRUCTIONS

If you have NOT been given a separate form for insulin instructions, please follow these instructions:



### The NIGHT before surgery:

**TAKE** your usual dose of basal insulin.



### The MORNING of surgery:

**TAKE** half of your usual dose of basal insulin.

- Lantus/glargine
- Levemir/detemir
- NPH insulin

**DO NOT TAKE** the morning of surgery:

- Novolog/aspart
- Humalog/lispro
- Apidra/gulisine
- Mixed insulin (70/30, 75/25)



### INSULIN PUMP

- Keep basal rates at usual levels.
- Move your sensor and pump away from the surgical site if needed. Do this earlier in the day – not at bedtime – to ensure that it is infusing well.
- Leave the pump set at your usual basal rate and continue wearing it.
- Bring any insulin pump supplies, including insulin and an additional sensor and sensor applicator, to the hospital with you in case you need to change your set while in the hospital. We recommend that you bring a case, container, or pouch to put your pump in if it needs to be removed before, during or after surgery.
- It is recommended that you have a family member or friend take possession of your pump if you need to remove it.

# Anesthesia Care



Anesthesiologists are medical doctors (MD or DO) that specialize in anesthesia care, pain management, critical care, and have the knowledge to treat and understand the entire human body. Anesthesiologists evaluate, monitor and care for patients before, during and after surgery, delivering anesthesia and ensure optimal patient safety. You will meet your anesthesiologist on the day of your procedure. They will review your medical and surgical history, review medications and allergies and perform a physical evaluation. Your Anesthesiologist will discuss options for anesthesia that are individualized for you and will discuss the risks, benefits, and alternatives to this plan. During this time, you will be able to ask questions or discuss any concerns with your anesthesiologist.

## **General Anesthesia**

You will be completely unconscious, have no sensation of pain and be unaware of surgery. You will be closely monitored and attended to by an anesthesiologist throughout and immediately following your surgery.

## **Spinal Anesthesia**

This is a single shot of local anesthetic into your spinal canal. You will lose all sensation from the waist down and the ability to move your legs. Sensation and movement will gradually return over a short time following the procedure.

## **Epidural Anesthesia**

An epidural is a local anesthetic that is delivered through a tiny tube called a catheter that is placed into your back, just outside your spinal canal. The effects are similar to the spinal, but the catheter allows for continued infusions of pain medication during and after the procedure.

## **Monitored Anesthesia Care (MAC)**

MAC is a type of anesthesia where sedative, anxiolytic, or analgesic medications can be given if needed; and can be converted to general anesthesia if required.

## **Regional Anesthesia**

Regional or nerve blocks are given to temporarily numb a group of nerves, such as in the shoulder, arm, hand, leg, or foot. You will receive an injection in the specific area, which prevents the pain signals from reaching your brain.

# The Operating Room



The operating room (OR) provides a safe and sterile place for surgery. You will be taken to the OR on a hospital bed or gurney. Your surgical team members include your surgeon, anesthesiologist, registered nurses, and operating room technicians. This team constantly monitors your progress and well-being throughout the surgery.

## OPERATING ROOM EQUIPMENT

- Bright lights will be located above the operating table.
- You will see a lot of equipment around the room when you enter the OR
- We will place a cuff on your arm, sticky pads on your chest and a sticker on your finger to measure blood pressure, electrical heart activity and oxygen levels respectively.
- Warm blankets will be placed over you if you are cold.



# Post-Operative Care

## PACU (Recovery Room)

You will be taken to the post-anesthesia care unit (PACU) when your surgery is finished where you will be monitored closely as the anesthesia wears off.

### You may:

- Notice that noises sound louder than usual.
- Feel drowsy and remember little or nothing about the surgery.
- Have blurry vision, a dry mouth or chills.
- Have a mild sore throat if a breathing tube was used.
- Have an IV in your hand/arm, a catheter in your bladder and/or a drain near the incision site.
- Feel burning or pain in the area of your surgery.
- You will be asked to rate your pain on a scale of 0-10 (10 being the worst pain you could imagine).
- Pain medication will reduce but NOT take all the pain away.
- You may be asked to take deep breaths and cough.
- You will be in PACU for a minimum of 30 minutes.

Once we are sure your vital signs are stable, your pain is under control and you feel reasonably well, we will transfer you back to the short stay unit to be discharged or you will be transferred to your hospital room if you are being admitted to the hospital.



## Inpatient

If admitted to the hospital, the surgeon will provide the care team with instructions on how to care for you while you are an inpatient. You may have physical therapy and occupational therapy to help prepare you for going home. You will be discharged home directly from your hospital room when your surgeon feels it is safe to do so. Please see **'GOING HOME'**

## Short Stay Unit

- Family and/or friends may join you here.
- You may be here for an additional couple of hours, depending on how you feel.
- When you feel ready a nurse will help you get dressed if needed, go over discharge instructions and escort you to your ride.
- You must have a responsible driver, as you are not allowed to drive for 24 hours after general anesthesia.

# Going Home

Before you go home, you will be given discharge instructions. Most of your questions will be answered in the written discharge instructions you will be sent home with.

## Be sure to ask about the following:

- Bathing and showering
- Diet – what to eat, what to avoid
- Driving
- Incision and dressing care
- Pain control – what to expect, what to do
- Physical activity
- Physical and occupational therapy
- Resuming sexual relations
- Returning to work

A follow-up visit will be scheduled with your surgeon. The appointment time and date will be listed on your discharge instructions. Bring a list of your questions or concerns to this visit.

## Call your physician's office:

- You have a fever over 100.5° F (38° C)
- You notice increased redness, swelling, foul smelling drainage or increasing pain around the incision site.
- If your pain is getting worse instead of better.
- You have nausea or vomiting that does not get better and you cannot keep liquids down.



## ONCE YOU ARE HOME

- Take your pain medication as prescribed. Wean off opioid pain medication as soon as you feel you can.
- It is important to stop taking opioid pain medication as soon as you feel you are able.
- If needed, take your pain medication 30 to 40 minutes before you get up, move around or go to therapy.
- Move around as much as your surgeon has instructed, this will help blood circulate and reduce any chance of blood clots in your legs.

# General Information About Surgical Risks

Surgery today is generally safe, helpful and often lifesaving. However, surgical procedures of any type involve taking some risks that range from minor to serious (including the risk of death). It is important that you be aware of the some of these possible risks before you give your consent to the procedure that is being proposed by your physician. The following are general risks that are possible:

## 1. Infection

Bacteria and germs can invade tissues whenever a cut or incision is made. Most times, healing occurs without difficulty through natural body defense mechanisms. Often antibiotics are prescribed to assist in healing and combat infection. Sometimes additional surgical measures are required.

## 2. Hemorrhage

Bleeding occurs when blood vessels are cut in the process of performing a procedure. This bleeding is usually controlled without difficulty. There are instances when excessive bleeding may occur after the original procedure is completed and additional action is taken to control the bleeding.

## 3. Drug Reactions

Unexpected allergies, lack of proper response to medications, or illness caused by the prescribed drugs are possibilities. It is important for you to inform your physician of any problems you have had with reaction to drugs and to let him know which medications you take regularly.

## 4. Blood Vessel Inflammation and Clotting

When inflammation and clotting happen at the same time this results in a condition called Thrombophlebitis. These blood clots can dislodge and travel to other organs where they may cause additional injury.

## 5. Injury to Other Organs

Because other organs are close to the area of your procedure it may be unavoidable that other organ functions or nerves connected to those organs or tissue will be affected. The stress of a procedure may also harm other organ systems of the body. Changes in treatment will be made by your physician in response to these conditions, as indicated or necessary.

## 6. Other Risks

It is not possible to list all the possible risks and complications that may arise with a procedure. Each situation depends upon the condition of the patient's health and the purpose and nature of the procedure. Your physician is willing to discuss further with you various details about these risks.

Because risks are involved in any procedure, and it is not possible to guarantee or give assurance of a successful result, it is important that you clearly understand and give your "informed consent" to the planned procedure.

### Treatment Alternatives

Other ways of managing your illness, ranging from doing nothing to taking different treatment measures, should be considered. Do not hesitate to discuss the reasons for your physician's recommendation of the procedure and the alternatives for treatment. These alternatives effectiveness and risks should also be considered.

# Informed Consent

You have the right to make informed decisions about your healthcare, including the care, treatments, procedures and surgery recommended by your physician.

The goal of the informed consent process is to establish a mutual understanding between you and the physician, and allow you to participate in decisions. Your questions and requests for clarification and further information are welcome at any time.

You have the right to either consent to or refuse any proposed surgery or procedure at any time before it is performed. Procedures are not performed unless you have had the opportunity to receive the necessary information and have given consent, except when there is an emergency need and you (or a substitute decision maker) are unable or unavailable to receive information and make a decision.

You have the right to receive explanations in easily understood language about:

- A diagnosis, and a description of the recommended care, treatment, services, medications, interventions, surgery or procedures, including any sedation or anesthesia involved.
- The potential and intended benefits to you, including what the physician means by success, the likelihood of achieving treatment goals, and the time-period during which you will likely not be able to resume normal activities.
- The risks or side effects of the recommended treatment or procedure and of any anesthesia, including potential problems related to recuperation, such as complications or discomfort, and any risks of serious bodily disability or of death, as well as discomfort, risks or complications that may occur if you have specific conditions, such as pregnancy.
- Reasonable alternatives to the recommended care, treatment and / or service, including receiving no treatment or alternative treatments or procedures, and the risks, benefits, and side effects related to the alternatives, as well as the possible results of not receiving care, treatment, and services.

These explanations may include written, video or audio cassette materials provided by the physician. Hospital personnel may provide additional information and answer your questions, but this is not a substitute for receiving this information from your physician.

You also have the right to know whether your physician has any independent medical research or economic interests related to the performance of the proposed surgery or procedure. In addition, when indicated, you have the right to know any limitations on the confidentiality of information learned from or about you as a patient.

You are expected and encouraged to ask questions as you consider your decisions. Contact your physician if you have questions or need clarification, or ask your nurse or other hospital staff and they will contact your physician for you.

# Anesthesia

## Informed Consent

I understand that:

- I will need anesthesia services for the surgical procedure(s), and that the type of anesthesia to be used will depend upon the procedure and my physical condition.
- Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical, surgical, or obstetrical procedure.
- During the course of a surgical procedure, conditions may require additional or different anesthetic monitoring or techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well-being.
- In addition to the anesthesiologist whose name appears on this document, my anesthetic services may be provided by other permanent, or contracted anesthesiologists, of Providence Medical Group-Anesthesiology at Providence St. Joseph Hospital-Eureka.
- I am aware that no one has made any guarantees regarding the anesthesia services which I am going to have.

Types of Anesthesia and Definitions

### 1. General Anesthesia (Administration of Intravenous Anesthetic Agents and Respiratory Gases)

- Endotracheal anesthesia:** Anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.
- Mask anesthesia:** Gases are passed through a face mask which covers the nose and mouth or a laryngeal mask airway (LMA) which is inserted inside the mouth and covers the larynx (windpipe opening).
- Other forms of inhalation anesthesia as indicated.

### 2. Regional Anesthesia

- Epidural anesthesia:** A small catheter is inserted into the epidural (outer spinal) space so that anesthetizing agents may be given to produce anesthesia.
- Spinal anesthesia:** The anesthetic agent is injected into the spinal (subarachnoid) space to produce anesthesia.
- Nerve Blocks:** Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

**3. Monitored Anesthesia Care (MAC):** Includes the monitoring of at least blood pressure, oxygenation, pulse, and mental status, supplementing sedation analgesia as needed.

### 4. Local Anesthesia

- Local anesthesia:** Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, the surgical site.
- Topical anesthesia:** Surface anesthesia is produced by direct application of anesthetizing agents on the skin or mucous membranes.

Risks and complications may include, but are not limited to: Allergic/adverse reaction, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and/or redness, muscle aches, nausea, eye injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for injection of anesthesia, and death.

Benefits of anesthesia include aiding you during your surgical and/or medical procedure to maintain your comfort and well-being.

# Directions

## TO GENERAL HOSPITAL CAMPUS

2200 Harrison Avenue  
Eureka, CA 95501

### From the North:

Take US highway 101 South. Turn left onto R St./CA-255. R St./CA-255 becomes Myrtle Avenue. Turn right onto Harrison Avenue. The General Hospital Campus is at 2200 Harrison Avenue, on your right.

### From the South:

Take US highway 101 North. Turn right onto West Harris Street. Turn Left onto Harrison Avenue. The General Hospital Campus is at 2200 Harrison Avenue, on your left.

### From East/West Hwy 299:

Follow 299 West, take 101 South. Turn left onto R St./CA-255. R St./CA-255 becomes Myrtle Avenue. Turn Right onto Harrison Avenue. The General Hospital Campus is at 2200 Harrison Avenue, on your right.



*Eureka Transit Bus Services  
Green Route makes stops in front  
of General Hospital campus.*

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## TO PROVIDENCE ST. JOSEPH HOSPITAL

2700 Dolbeer Street  
Eureka, CA 95501

### From the North:

Take US highway 101 South. Turn left onto R St./CA-255. R St./CA-255 becomes Myrtle Avenue. Turn right onto Harrison Avenue. Turn right onto St. Joseph Drive, Providence St. Joseph Hospital is at the end of St. Joseph Drive.

### From the South:

Take US highway 101 North. Turn right onto West Harris Street. Turn left onto Dolbeer Street. Providence St. Joseph Hospital is at the end of Dolbeer Street.

### From East/West Hwy 299:

Follow 299 West, take 101 South. Turn left onto R St./CA-255. R St./CA-255 becomes Myrtle Avenue. Turn Right onto Harrison Avenue. Turn right onto St Joseph Drive, Providence St. Joseph Hospital is at the end of St. Joseph Drive.

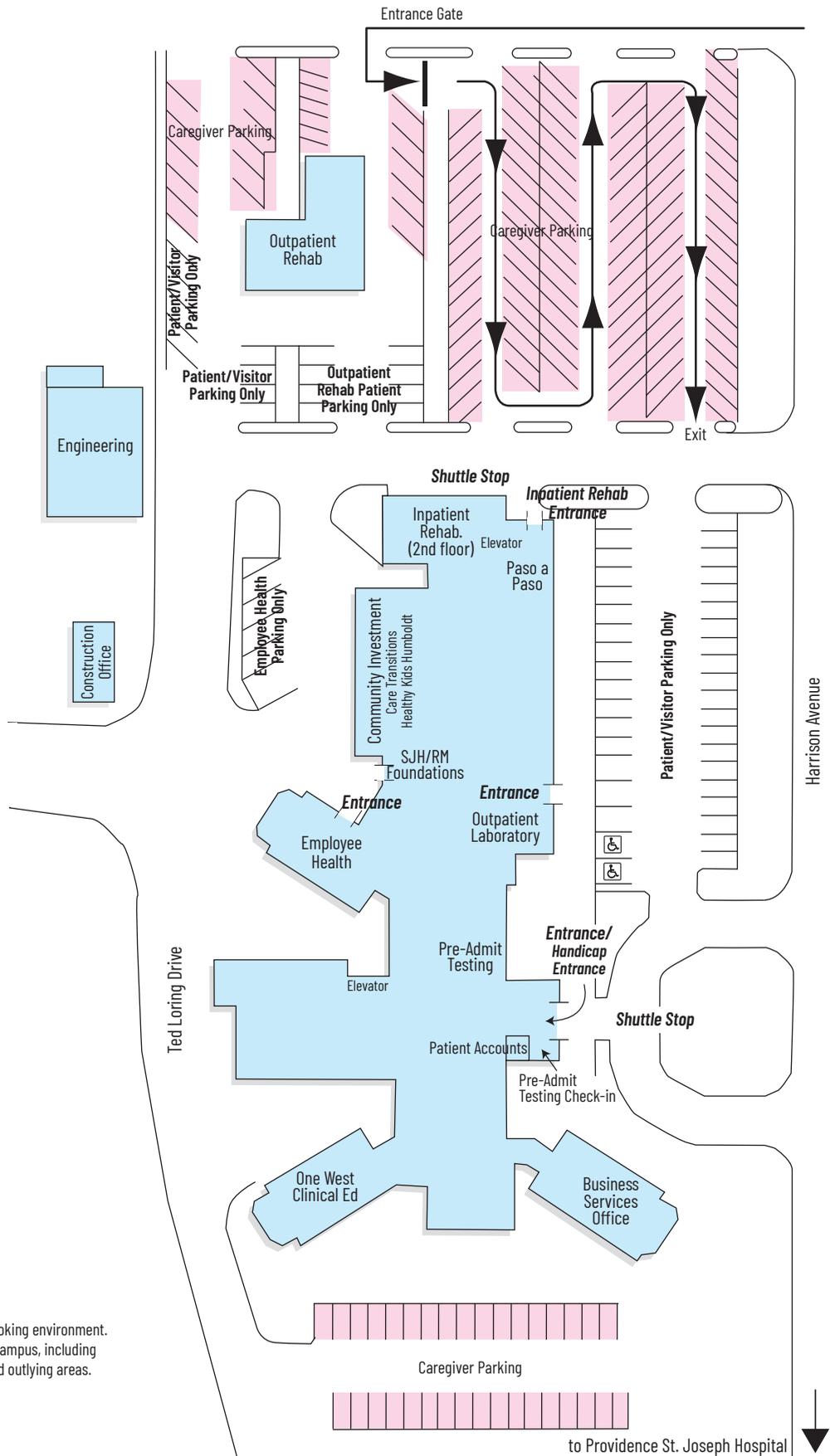


*Eureka Transit Bus Services  
Green Route makes stops at  
:58 minutes past every hour at  
Providence St. Joseph Hospital.*

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# General Hospital Campus

2200 Harrison Avenue, Eureka • 707-445-8121

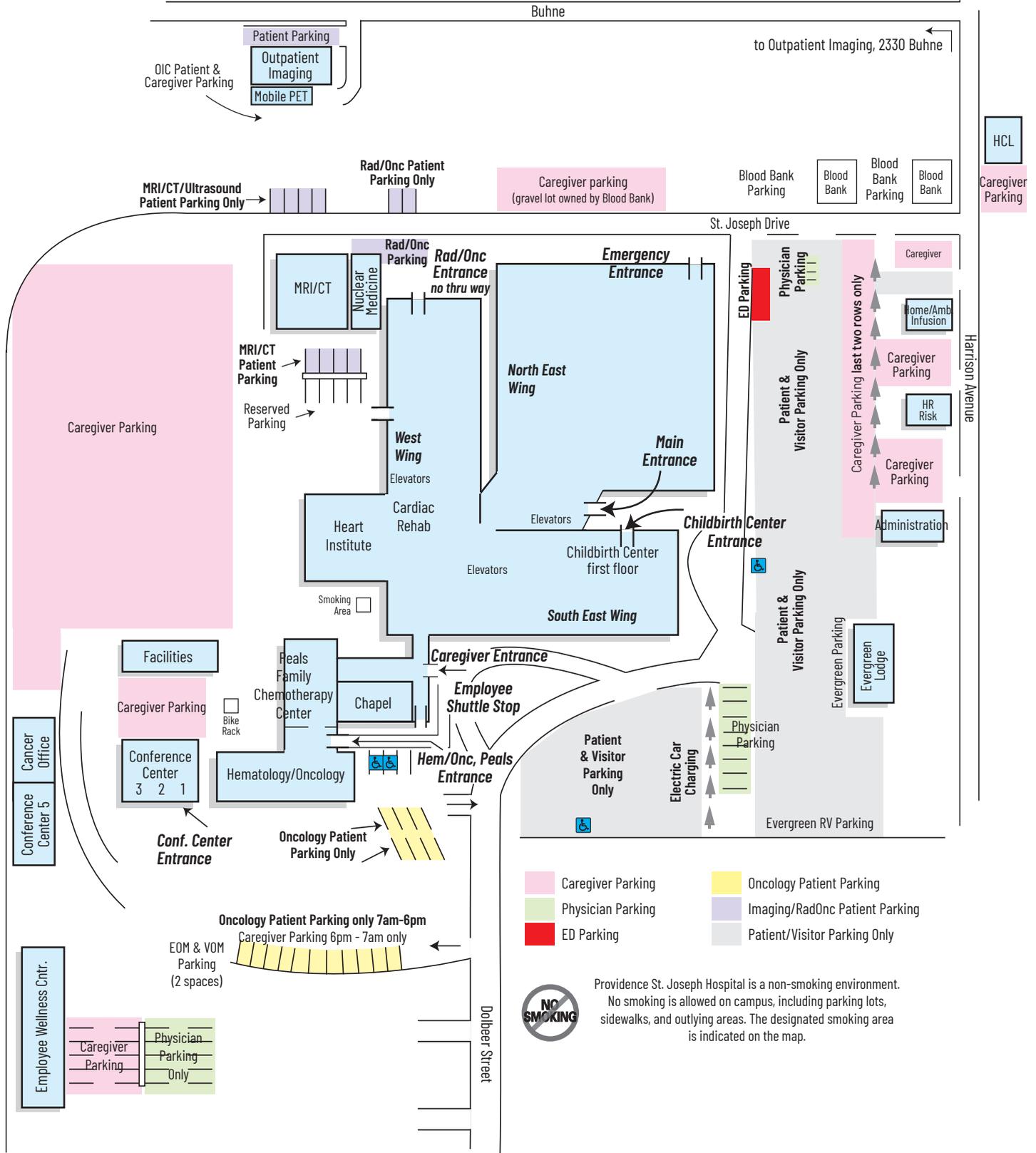


General Hospital is a non-smoking environment. No smoking is allowed on campus, including parking lots, sidewalks and outlying areas.

# St. Joseph Hospital

2700 Dolbeer Street, Eureka • 707-445-8121

to General Hospital campus  
and additional caregiver parking ↑



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Providence St. Joseph Hospital has been serving the health care needs of Humboldt County since 1920. Comprised of two campuses, St. Joseph Hospital, Eureka and the General Hospital campus are located within a quarter mile of each other in Eureka. We offer comprehensive health services and are growing to meet the needs of our community.

---







#### **OUR MISSION**

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

#### **OUR VALUES**

Compassion, Dignity, Justice, Excellence, Integrity

#### **OUR PROMISE**

"Know me, care for me, ease my way."



2700 Dolbeer Street  
Eureka, CA 95501

[Providence.org/StJosephHospitalEureka](https://www.providence.org/StJosephHospitalEureka)