

# **Instructions for Patients Preparing to take Hyperbaric Oxygen Therapy**

## **Please Read Carefully**

### **HBOT Safety Requirements**

**(These must be strictly enforced)**

- Only 100% cotton allowed in the chamber, no synthetics, nylons, etc...
- Please remove watches, wigs, hairpins, and all jewelry also remove prosthetic devices such as hearing aids, Thera-care products.
- Please inform staff if you have a pacemaker or internal defibrillator.
- No grease or oils on the skin or hair. i.e. Suntan lotion, perfumes, hairspray, fresh nail polish, make up, deodorant.
- Smoking constricts the blood vessels we ask that you stop smoking while taking the treatments, or at least refrain for two hours prior to and after each treatment.
- Do not take any foreign objects into the chamber. You may take unwrapped gum or candies into the chamber, however, please check with the technicians prior to doing so.
- Please advise the technician if you have had ear infections or have trouble clearing your ears.
- If you are a diabetic, please make sure you have something to eat before treatment and inform the staff that you are a diabetic.
- Please use the bathroom prior to your treatment.
- Do not neglect to take your routine medications, including insulin prior to treatment. If you have any concerns regarding medications, please discuss this with the doctor and staff prior to treatment.
- If there are seizures or high temperatures prior to or in between treatments, please advise the staff before starting your treatment.
- Please be here 15 minutes early for your appointment. Call if you are going to be delayed.
- Family members and attendants must not knock on the chamber glass.
- To ensure the respect for the other patient's privacy, family members and friends must remain in the lobby while the treatments are being given. Please do not walk in the treatment area or allow children unattended in the chamber room without speaking to the staff.
- Only one family member at a time will be permitted in the treatment area at a time. Please follow this policy.
- Remember to sign in before each treatment.
- You must check with the chamber operator before bringing anything in the chamber.

**THANK YOU FOR YOUR COOPERATION**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_