

Discharge Instructions

Today's Date: _____ Time: _____

Surgeon: _____ Procedure Date: _____

Procedure: _____

Diet:

- Resume diet Restrictions: _____
- Drink plenty of water, up to 8 glasses a day as tolerated.
 - Do not drink alcoholic beverages for 24 hours or while on prescription pain medication.

Activity:

- Remain home, resting for the remainder of the day.
- Do not drive or operate machinery, make important personal or business decisions for 24 hours.
- Do not drive while taking prescription pain medications until you know the effect they will have on you.
- Do not engage in heavy work until your surgeon gives you permission.
- Do not lift anything over 5 pounds, which is about equal to 1/2 gallon of milk, until cleared with your surgeon.
- Do not drive or return to work until cleared with your surgeon.

OTHER _____

INCISION CARE: KEEP THE DRESSING ON FOR _____ HOURS THEN REMOVE AND SHOWER UNLESS OTHERWISE INSTRUCTED BY YOUR SURGICAL TEAM. WASH YOUR HANDS BEFORE AND AFTER TOUCHING YOUR INCISION.

- Use a fresh washcloth to wash your incision with antibacterial soap (such as Dial) and then pat dry.
- Cover with a light dressing if needed and wear clean clothing next to your incision.
- DO NOT submerge in water including baths or hot tubs, pools or lakes until you are seen in the office.

LOOK AT YOUR INCISION DAILY after the dressing is removed, **WATCH FOR SIGNS OF INFECTION** (see below).

STERI STRIPS will begin to fall off in a few days. Allow them to peel off naturally.

SUTURED, STAPLED WOUND CARE cleanse site daily with soap and water and apply dressing

OTHER _____

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOU CAN EXPECT.... | YOU SHOULD SEEK MEDICAL ATTENTION IF... |
| BLEEDING <ul style="list-style-type: none"> A small amount of red drainage is expected <ul style="list-style-type: none"> Bruising is common and should fade in 2-3 weeks | YOUR BANDAGES BECOME SOAKED WITH BRIGHT RED BLOOD <ul style="list-style-type: none"> Apply pressure directly over the dressing to stop the bleeding Call your doctor for instructions, do not remove the dressing |
| REDUCE SWELLING <input type="checkbox"/> ICE PACKS <ul style="list-style-type: none"> Ice to the incision for the first 24 hours (20 minutes on and 20 minutes off) The 2-3 times a day for 3-4 days Swelling should reduce in 3-4 days | EXCESSIVE SWELLING <ul style="list-style-type: none"> Surgical site swelling Surgical site warm to the touch Increase in drainage from the incision |
| DISCOMFORT OR PAIN <ul style="list-style-type: none"> Take prescribed pain medication <ul style="list-style-type: none"> Take with a small amount of food to prevent nausea | SEVERE PAIN/NAUSEA <ul style="list-style-type: none"> Uncontrolled pain or tenderness at the incision site Persistent vomiting |
| SIGNS OF INFECTION There should be no signs of infection | SIGNS OF INFECTION <ul style="list-style-type: none"> Redness or warmth or excessive swelling at the incision site Yellow, green or grey drainage Chills or fever higher than 101°F |
| If you have further questions please call your surgeons office @ 810-732-8336 | If you cannot reach your surgeon then go to the nearest emergency department. The afterhours and weekend hotline number is 810-732-8336 ext. 500. |

MEDICATIONS: Medication list reviewed Continue meds as listed Order written to stop/restart meds

AS WELL AS YOUR ROUTINE MEDICATIONS PLEASE TAKE THE FOLLOWING:

| MEDICATION | DOSE | TIME |
|------------|------|------|
| | | |
| | | |

Please call to schedule an appointment with Dr. _____ at 8107328336 ext. 500 for a _____ week post-operative follow up if you do not already have one scheduled.

Please call to schedule an appointment with Dr. _____ at 8107328336 ext. 500 for a _____ days post-operative pain management and refill scripts if you do not already have one scheduled.

I HAVE BEEN INSTRUCTED AND CAN VERBALIZE MY DISCHARGE INSTRUCTIONS

Patient/Family Member Signature (Relationship)/Significant other

Date

PLEASE BRING YOUR MEDICATIONS AND THIS FORM TO YOUR PHYSICIAN ON YOUR NEXT VISIT

Physician/NP/PA Signature Date

Nurse Signature

Date: