

ACTIVITY

You might feel a little sleepy for the next 24 hrs. This is due to the medicine you received to relax you. For the next 24 hrs. you should not:

- a. Drive a car; operate machinery or power tools.
- b. Drink any alcoholic beverages, including beer.
- c. Make any important decisions or sign important papers.

You should have a responsible adult with you for the rest of the day and during the night. This is for your safety and protection. You may be up and about according to doctor's instructions. CHILDREN: should not be left alone. Do not let children ride bikes, skateboards, etc. FOR THE NEXT 24 HRS.

PATIENTS WITH SPINAL/EPIDURAL ANESTHESIA

- a. You must rest in bed for the next 24 hrs.
- b. You may have a pillow under your head and can sit to eat.
- c. Someone must accompany you the bathroom and be with you for 24 hrs.
- d. Try to drink as many beverages as you can particularly carbonated drinks. This assists in you recovery.

MEDICATIONS

You may have some pain. A prescription for pain may be given by the Doctor. This should be taken as directed. If it does not help the pain, contact your doctor. If your doctor did not prescribe anything for pain, then you may take a non-prescription, non-aspirin pain med such as Tylenol or Advil. Please be sure to follow directions on the label. Take all medication with some food to prevent upset stomach.

DIET (if you are on a doctor prescribed diet follow it)

Progress slowly to a regular diet. Start by taking liquids such as soft drinks. If you have no nausea try soup and crackers and finally solid foods.

WHEN TO CALL YOUR DOCTOR

- If you develop:
- a. A fever over 101° orally.
 - b. Pain not relieved by pain medication.
 - c. Any bleeding or unexpected drainage from the wound.
 - d. Extreme redness or swelling around the incision.
- children only:
- e. Croupy cough
 - f. Nausea and vomiting that is not getting better.

FOLLOW-UP APPOINTMENT: _____

ADDITIONAL INSTRUCTIONS: _____

I HAVE RECEIVED MY INSTRUCTIONS AND UNDERSTAND THEM. _____

pt. signature

Responsible party signature: _____

Nurse signature: _____

WOODLAND HEIGHTS MEDICAL CENTER

LUFKIN, TEXAS

AMBULATORY SURGERY

HOME CARE INSTRUCTIONS

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