DISSCHARGE INSTRUCTION SHEET

BARIATRIC PATIENT

ACTIVITY INSTRUCTIONS (For at least the NEXT THREE WEEKS):

? NO Heavy Lifting.
? NO Driving.
? NO Pills.
? NO Solid Foods.

? Walking is encouraged. Stair climbing is permitted.

? Showering is permitted. Pat dry the incision area.

? Light (1 or 2 lbs) weight activities permitted, sitting in a chair using different arm motions.

MEDICATION INSTRUCTIONS:

? Liquid Multi-Vitamins with Iron (twice a day).
? Tums (4) chewable tablets EVERY DAY for calcium supplement.
? Riopan Plus (1 - 2 teaspoons) as needed for belching.
? Tylenol with Codeine Elixir (15 - 30ml) every 4 hours as needed for pain.
? Use chewable Tylenol for mild pain. If allergic to Codeine, may take Morphine elixir for pain.
? Pepcid AC chewable over the counter (one tablet daily).

DO NOT take pain nor arthritis medications like Advil, Aleve, Asprin, Celebrex, Motrin, Naprosyn, nor any other non-steroidal, anti-inflammatory medication unless approved by your Surgeon.

CHECK with your PRIMARY CARE Doctor regarding previous medications. You may or may not be restarting them at this time.

NUTRITION INSTRUCTIONS:

? Eat 3 meals per day; no skipping of meals. Each meal should last between 30 - 45 minutes.
? Follow the Bariatric Diet provided by Dietician attached to this sheet.
? Continuously sip "zero calorie" beverages from a sports bottle. Avoid gulping.
? DO NOT drink fruit juices, alcohol, sodas (Coke, Pepsi, etc.) nor soups. Avoid sugar & fats to prevent dumping syndrome.

CALL YOUR DOCTOR if you have any of the following: fever of > 101; severe pain; uncontrolled vomiting; difficulty swallowing; or any confusion.

FOLLOW UP / REFERRALS:

? Call to confirm your follow-up appointment within 5 days of discharge. Schedule your Vitamin B12 injections at this time.
? Attend the next support group meeting at the Hospital.
? Follow-up with the Wellness Institute to obtain your exercise & diet regimen instructions.
? Return to your Primary Care Doctor within 2 weeks of discharge.

? Home Care: ____________________________

PATIENT ACKNOWLEDGEMENT:

I HAVE RECEIVED BARIATRIC PATIENT DISCHARGE INSTRUCTIONS, AND WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

PART OF THE MEDICAL RECORD