

**In and Out Surgery**

Post-Operative Instructions

1. Wound Care?  Yes  No (If Not Applicable)

2. Physical Activities:

3. Diet: Resume Normal Diet?  Yes  No (If No, Specify)

4. Medications: Prescriptions Given  Yes  No (If Yes, List & Include Strength, Dosage, Schedule & Route)

5. Follow-up visit to surgeon's office in \_\_\_\_\_ days. Call the office tomorrow for an appointment.

6. Other

If you experience fever, chills, or pain (not relieved by the prescribed medications) or bleeding that is greater than what your Surgeon explained that you might experience, please call your surgeon:

Dr \_\_\_\_\_ Phone # \_\_\_\_\_

Surgeon's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**Preprinted Instruction Given to Patient.** Outpatient PACU (202)

**Post - Anesthesia Instructions**

- 1. Do not drink alcoholic beverages for 24 hours. Alcohol may increase the effects of anesthesia & sedation.
- 2. Do not drive a motor vehicle, operate machinery or power tools for 24 - 48 hours.
- 3. Do not make any important decisions or sign important papers for 24 - 48 hours. You may be forgetful due to the medication.
- 4. You may experience lightheadedness, dizziness, or sleeplessness following surgery. Please do not stay alone.
- 5. Rest at home with moderate activity tolerated. It may not be necessary to go to bed, but rest is important for 24 hours.
- 6. Progress slowly to a regular diet unless otherwise instructed. Start with liquids, then soup & crackers gradually working up to solid foods.
- 7. Certain anesthetics and pain medications may produce nausea and vomiting. If nausea or vomiting become a problem at home, call your physician Dr \_\_\_\_\_ at \_\_\_\_\_  
Or the anesthesia department at \_\_\_\_\_ or the page operator at \_\_\_\_\_ and ask for the anesthesiologist on call. An anesthesiologist can be reached 24 hours a day.

Instructions Following Anesthesia: \_\_\_\_\_

If you should experience difficulty in breathing, call #911.

Date/Time \_\_\_\_\_

**I Have Given the Post - Operative/Post - Anesthesia Instructions.**

Nurse's Signature X \_\_\_\_\_ Date/Time \_\_\_\_\_

**I Have Received and Understand the Post - Operative/Post - Anesthesia Instructions Given to Me.**

Patient (or responsible party's signature) X \_\_\_\_\_ Date/Time \_\_\_\_\_

Patient Label