



2851 Baglyos Circle, Suite 100, Bethlehem, PA 18020
tel 484.821.0550 fax 484.821.0559

DISCHARGE INSTRUCTIONS

In order to continue your care at home, please follow these instructions:

1. Do not drive or operate machinery or power tools for 24 hrs. If a child, no bicycle riding, skateboards, gym sets, etc. for 24 hrs.
2. Do not drink alcoholic beverages for 24 hrs. Alcohol enhances the effects of anesthesia and sedations.
3. Do not make any important decisions or sign important papers for 24 hrs.
4. You may experience light headedness, dizziness and sleepiness following surgery. Please **do not stay alone**. A responsible adult should be with you for 24 hrs.
5. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed; however it is important to rest for 24 hrs. following general anesthesia.
6. Progress slowly to a regular diet. Start with liquids, then light foods (soup or Jello, etc.) as you can tolerate, gradually progressing to solid foods.
7. Keep the operative area clean and dry. Do not remove the dressing unless instructed to do so by your physician.
8. Report the following signs and symptoms to your physician immediately:
 - Excessive swelling of or around the wound area
 - Redness
 - Temperature of 100°F or above
 - Increased pain
9. Observe the operative area for signs of excessive bleeding. (Slow oozing that saturates the dressing completely or bright red bleeding.) A small amount of bright red bleeding is normal. Place another dressing over your bandages. Do not remove the original bandage. Call your surgeon for further instructions.
10. In case of an emergency call your physician at _____ or dial 911.

SPECIAL INSTRUCTIONS & MEDICATIONS

Physician's Homecare Instruction Sheet given? Yes N/A Prescription: _____
Start _____ Stop _____

Resume all medications as previously prescribed by your physician(s). Yes N/A

Time of last pain medication given at the Center for Specialized Surgery: _____

FOLLOW UP APPOINTMENT

You should call Dr. _____'s office today to schedule an appointment
to see him/her on (Date/Time) _____.

INSTRUCTIONS: Given By _____ RN

I acknowledge that I have received and understand these instructions. Patient _____

Responsible Party/Driver _____ Relationship to Patient _____