

Discharge Instructions

Notify your doctor at _____ for any of the following:

- Fever 101 or higher.
- Unable to tolerate fluids/ nausea and /or vomiting the day following your surgery.
- Bright red excessive bleeding
- Reaction or suspected reaction to any prescribed medicines.
- Pain uncontrolled with regular use of pain medicine.

While taking pain medicines:

- Do not drink alcohol.
- Do not operate machinery or drive.
- Take medicine with food or milk.
- Take as prescribed, do not exceed recommended dosage or frequency.
- Prescriptions given today for: _____

Side effects to an anesthetic, which you may experience:

- Headache/sleepiness
- Sore throat/Dry mouth
- Nausea/loss of appetite. **You should be able to tolerate fluids.**

If you received an interscalene block (shoulder surgery patients) you may also have:

- Numbness to operative side lasting greater than 12 hours.
- Droopy eyelid/face to operative side.
- Numbness to throat on operative side.
- **Sensation** of difficulty breathing on operative side.

If you received a block type anesthetic (other than interscalene) you may experience:

- Numbness to operative extremity, which may last several hours.

Activity:

- You must go home and rest today. No driving or strenuous activity.
- Elevate the operative extremity above the heart level when resting. Shoulder surgery patients should not lay flat, but sleep with head/shoulders propped on pillows or resting in a recliner.

- You will need to use crutches.
- No weight to operative side until after follow up visit with doctor.
- No weight to operative side for 48 hours. Advance weight as tolerable after 48 hours.
- Partial weight bearing to operative side. Advance to weight bearing as tolerated.
- Weight bearing as tolerated to operative side.

Ice:

Apply ice packs to operative area for 20 minutes each time, every 2 hours for _____ days while awake, then as needed.

Special instructions:

Sling/Brace:

Wear the _____ to operative limb until follow up appt with doctor.

Wear the _____ to operative limb until the nerve block has worn off and full sensation returns to prevent accidental injury.

Wear the immobilizer until follow up appt.

Perform range of motion exercises/shoulder exercises _____ day for ___ days/weeks.

Start CPM/Physical Therapy _____.

Diet:

Drink plenty of fluids today. You may resume your regular diet upon discharge today. Be conservative and do not consume a heavy meal, greasy or spicy foods immediately after discharge.

Follow up:

Your doctor wants to see you for a follow up visit:

- as scheduled
- in _____ day/weeks

Call the _____ office to schedule at _____ or if any questions/problems.

Dressing change/care:

- You may change dressing in _____ days, change to bandaids/gauze.
- You may reinforce the dressing if it becomes soiled.
- Do not remove steri-strips (tape strips) or petroleum covered gauze.
- Your dressing will be changed in the office.
- Do not get incision area wet until _____.

Family/friend signature _____

RN signature _____ date _____