

**McLaren Print System Order****Order No: 70335 Reprint Previous Order No: 70309****Order Date: 2022-06-10****User: Rebecca Kleeves****Phone: 8199893360****Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves  
1221 Pine Grove Ave  
Port Huron, MI 48060-3568****Forms****Quantity: 100****Paragon Dept No: 28575****Dept Name: Surgical Services****Company Number: 480****Order Total Price: 18.95****Item Number: PH-546****Item Description: Discharge Instructions Pediatric Outpatient Surgery****Revision Date: 6/2022****Print: 1 sided black and white****Paper: 3 Part (White, Yellow, Pink)****Size: 8.5 x 11****Fold: None****Finish: None****Drill: None****Misc Info: SS, 8.5 x 11, 3 Part**



**PORT HURON**

1221 Pine Grove, Port Huron, MI 48060  
Phone #: (810) 989-3281

Patient Information

**Discharge Instructions Pediatric Outpatient Surgery**

**Things to Remember for Children:**

1. Because of the anesthesia & medication your child may have received, their mental ability, reflexes, & coordination may be diminished for 24 hours. We strongly urge you to watch your child closely. No heavy meals, strenuous play or sports. Nausea & vomiting commonly occur during the post-op period and therefore should not be considered unusual unless it is persistent or beyond the 1st day. The child may complain of a sore throat, which will subside in 24-48 hours (except when having a Tonsillectomy). Encourage fluids. If your child did not urinate at the hospital after surgery, the child should urinate within 8 hours. If not, bring the child back to EMERGENCY ROOM.
2. Prescriptions may be filled at our pharmacy before leaving for your convenience or at any other pharmacy. The last time you received pain medication was \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Take prescriptions with food** unless otherwise indicated. Take antibiotics until gone. If any of the following signs occur, stop the medication and notify your doctor: Abdominal pain, itching, swelling, rash, diarrhea, or difficulty breathing. No children's Motrin, Advil, or Ibuprofen unless directed by your doctor.

3. No greasy, spicy, or fried foods.
4. Diet:  Diet for age  Light Diet - Advance as Tolerated  Tonsillectomy Diet
5. Instruction Sheet Attached:
6. Special Instructions: \_\_\_\_\_

\_\_\_\_\_

7. Leave dressing in place until \_\_\_\_\_
8. If indicated by your doctor, use an ice bag for 24-48 hours. Use it for 20 min. on, and 20 min. off. Do not place the bag directly on the skin or incision. Elevate affected part (hand, arm, foot, leg) for 24-48 hours after surgery.
9. You are to see Dr. \_\_\_\_\_ on \_\_\_\_\_
10. If your child develops problems, please contact Outpatient Surgery (open until 5 p.m., closed weekends) or your doctor. If unable to reach your doctor, come to the EMERGENCY ROOM (open 24 hours). You should get in touch with your doctor if your child develops any of the following: Fever above 101°, chills, heavy bleeding, inability to urinate after adequate fluid intake, or any unusual occurrence.
11. You may receive a follow-up phone call within 1 - 3 days.
12. Patients current level of pain upon discharge (0-10): \_\_\_\_\_
13. We have received and read/had read to me the following instructions:

\_\_\_\_\_  
Patient/Guardian

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

\_\_\_\_\_  
Witness

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

