

PORT HURON

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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. If your child experiences signs and symptoms of infection such as: redness, cloudy drainage from the incision, fever over 101°F, chills, heavy bleeding, or any 'unusual' occurrence. Call your doctor or go the Emergency Room.
2.	Your child is going to be discharged with the following medications or prescriptions. The last time your child received pain medication was
	☐ See attached home medication list
	<u>Take prescriptions with food</u> 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.	nstruction Sheet Attached: Frequently Asked Questions on Infections: Surgical Site Blood Stream
	☐ Urinary Tract
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 if applicable.
9.	You are to see Dr on
10.	We have received and read/had read to me the following instructions:
	Patient/Guardian Date/Time
	Witness Date/Time

