



PORT HURON

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

Patient Information

Discharge Instructions Outpatient Surgery

Things to Remember for Adults:

1. Because your mental ability and reflexes are diminished after receiving anesthetic drugs:
 - a. You should not operate a vehicle, make critical decisions, or engage in an occupation involving machinery or appliances for 24 hours.
 - b. You should not drink any alcoholic beverages during the next 24 hours or while taking pain medication.
 - c. You may have a sore throat, which will subside in 24 - 48 hours.

If you experience 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. You are being discharged with the following medications or prescriptions. The last time you received pain medication was _____
 - a. **See attached home medication list**
 - b. **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 aspirin or aspirin products until directed by your doctor. You should not drive or smoke in bed while taking prescription pain medications. **If you smoke, you are advised to quit.**
3. Diet: Light Diet - no greasy, spicy, or fried foods, advance as tolerated. Other : _____
4. Instruction Sheets Attached:
 - Smoking Cessation Packet offered
 - Frequently Asked Questions on Infections:
 - Surgical Site Blood Stream Urinary Tract
 - Other: _____
5. Activity – Rest Today/ Restrictions: _____
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. I have received and read/had read to me the following instructions

Patient/Guardian

Date/Time

Witness

Date/Time

