

McLaren Print System Order

Order No: 78740
Order Date: 2023-08-09
User: Lori Pidick
Phone: 810-989-3320

Ship Location: McLaren Port Huron Receiving Dock
1221 Pine Grove Avenue
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 28575
Dept Name: Materials Management
Company Number: 480

Order Total Price: 11.80

Item Number: PHH-546
Item Description: Discharge Instructions Pediatric Outpatient Surgery
Revision Date: 07/2023
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info: 8.5x11 Black 2-Part



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.
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

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 [] Tarsilectomy Diet
5. Instruction Sheet Attached: Frequently Asked Questions on Infections: [] Surgical Site [] Blood Stream [] Urinary Tract

6. Special Instructions: _____

Spec Info: Deliver to Receiving. For Lianne Benedict.

- 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 _____

