

OUTPATIENT DISCHARGE INSTRUCTION RECORD

A EMERGENCY TELEPHONE NO.'S - PHYSICIAN:				
SAME DAY SURG. 517-975-6525				
B APPOINTMENT WITH PHYSICIAN		E DIET		
SCHEDULED ON: DATE TIME			BEGIN WITH LIQUIDS, PROGRESS TO NORMAL ☐ DIET AS TOLERATE	
□ NEEDS TO CALL PHYSICIAN'S OFFICE			□ NO GREASY OR SPICY FOODS TODAY	
C SYMPTOMS TO REPORT TO PHYSICIAN			□ NO RESTRICTIONS	
☐ SEE PHYSICIAN'S HANDOUT			F ACTIVITY (Remain Quiet For Rest of Today)	
□ EXCESSIVE BLEEDING			□ DO NOT DRIVE FOR 24 HOURS	
SEVERE PAIN UNRELIEVED BY MEDICATION			□ DO NOT DRIVE UNTIL APPROVED BY PHYSICIAN □ DO NOT SIGN LEGAL DOCUMENTS OR MAKE IMPORTANT DECISIONS FOR 24 HOURS □ NO RESTRICTIONS	
☐ FEVER OF 101° OR ABOVE				
☐ UNUSUAL REDNESS OR SWELLING				
☐ FOUL ODOR TO DRAINAGE			OTHER	
☐ PERSISTENT NUMBNESS OR TINGLING			G BATHING	
□ VOMITING MORE THAN 3 TIMES			□ KEEP DRESSING DRY	
☐ RASH OR HIVES			SHOWER AFTER 24 HOURS	
□ OTHER			SPONGE BATH ONLY	
IF ANY UNUSUAL PROBLEMS ARISE CONTACT PHYSICIAN			□ TUB BATH	
D DRESSING			□ FOLLOW PHYSICIAN'S INSTRUCTIONS	
☐ KEEP DRESSING DRY AND IN PLACE			H SEXUAL ACTIVITY	
☐ FOLLOW PHYSICIAN'S INSTRUCTIONS			□ NO RESTRICTIONS	
☐ REMOVE DRESSING ON:			REFER TO PHYSICIAN INSTRUCTIONS	
□ OTHER			CHECK WITH PHYSICIAN	
MEDICATIONS			WHILE TAKING THE MEDICATIONS LISTED BELOW	
□ NO PRESCRIPTIONS REQUIRED		□ DO NOT DRINK ALCOHOL		
PRESCRIPTIONS GIVEN			□ DO NOT DRIVE	
RESUME MEDICINES YOU NORMALLY TAKE AT HOME AS DIRECTED BY YOUR PHYSICIAN		☐ DO NOT TAKE ANY OTHER PAIN MEDICATIONS		
WHAT MEDICATION	AMOUNT		DIRECTIONS FOR MEDICATION	NEXT DOSE TIME
PHYSICIAN INSTRUCTION SHEET GIVEN: Form #				
SPECIAL INSTRUCTIONS				
I have been instructed and understand the above information				
(PATIENT OR RESPONSIBLE PERSON) (RELATIO			ONSHIP) (NURSE)	(DATE)
WHITE - COPY YELLOW - PATIENT				

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PT.

MR.#/RM.

DR.