

## McLaren Print System Order

Order No: 43950 Reprint Previous Order No: 6958  
 Order Date: 2019-03-27  
 User: Lisa Ardanowski  
 Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski  
 501 S. Ballenger Hwy  
 Flint, MI 48532

### Forms

Quantity: 1000  
 Paragon Dept No: 30014  
 Dept Name: Surgery and Endoscopy Center Pain Clinic  
 Company Number: 60

Order Total Price: 113.00

Item Number: 17452  
 Item Description: Surgery Discharge Instructions  
 Revision Date: 8/2012  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

**McLaren Flint**  
Pain Services Unit  
**SURGERY DISCHARGE INSTRUCTIONS**

<b>Post-Anesthesia</b>	
You must be accompanied home by an adult driver.	
Avoid making complex decisions or signing legal documents for 24 hours.	
Do not drive or operate dangerous machinery for 24 hours or while taking prescription pain medication.	
No alcohol or marijuana for 24 hours or while taking prescription pain medications.	
You will feel more comfortable if you stay quiet for the remainder of the day.	
<b>Diet</b>	
It is important to take fluid following anesthesia. Begin with sips of clear fluids and advance gradually to your normal diet.	
<b>Activity</b>	
<input type="checkbox"/> No walking	<input type="checkbox"/> No weight bearing
<input type="checkbox"/> Avoid sitting, bending, straining for _____ days	<input type="checkbox"/> No nose blowing
<input type="checkbox"/> Do not lift over 10 pounds for _____ days	<input type="checkbox"/> Keep water out of your ears
<input type="checkbox"/> Keep extremity elevated	<input type="checkbox"/> Maintain voice rest
<input type="checkbox"/> Flex and extend fingers often	<input type="checkbox"/> No tampons, douching, or intercourse for _____ days
<input type="checkbox"/> Brush teeth often	<input type="checkbox"/> May return to work/outdoor
<b>Wound Care</b>	
<input type="checkbox"/> Do not rub or bump eye. Use eye shield for sleep, sunglasses for bright lights.	
<input type="checkbox"/> Do not change your dressing	<input type="checkbox"/> You may shower 1 bath in _____ days
<input type="checkbox"/> Remove dressing in _____ days	<input type="checkbox"/> Apply ice / heat to incision / extremity as follows
<input type="checkbox"/> Leave open to air. Keep clean and dry	<input type="checkbox"/> Wear a firm support bra for _____ days
<input type="checkbox"/> Change wound daily with _____	<input type="checkbox"/> Other _____
<b>Medications</b>	
<input type="checkbox"/> Tylenol (Acetaminophen) 1 or 2 tablets every 4-6 hours as needed for discomfort	
<input type="checkbox"/> Resume your usual home medications	
<input type="checkbox"/> Prescription for pain _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Use eye drops as directed	
<b>Call Your Doctor if Any of the Following Occur</b>	
<input type="checkbox"/> Fever over 101 degrees Fahrenheit by mouth	
<input type="checkbox"/> Pain not relieved by the medication ordered	
<input type="checkbox"/> Observe affected extremity for circulation or nerve impairment. Report change in color, persistent numbness, tingling, numbness or increased pain	
<input type="checkbox"/> Changes in appearance of wound (redness, swelling, increased bleeding, foul smelling drainage, or red streak)	
<input type="checkbox"/> Persistent nausea and vomiting	
<input type="checkbox"/> Inability to urinate	
<b>Dr. Signature:</b> _____	<b>Date:</b> _____ <b>Time:</b> _____
<b>Follow-up Appointment</b>	
Call for a follow-up appointment with Dr. _____ on _____ at _____	
<b>I Have Received And Understood The Above Instructions</b>	
Patient / Patient Guardian Signature _____	
Instructions given by _____	

1943766-001      White - Chart      Yellow - Patient