

McLaren Print System Order

Order No: 62827 Reprint Previous Order No: 6958
 Order Date: 2021-06-07
 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

Post-Anesthesia	
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.	
Diet	
It is important to take fluid following anesthesia. Begin with sips of clear fluids and advance gradually to your normal diet.	
Activity	
<input type="checkbox"/> No walking	<input type="checkbox"/> No weight bearing
<input type="checkbox"/> Avoid sitting, bending, straining for _____	<input type="checkbox"/> No nose blowing _____
<input type="checkbox"/> Do not lift over 10 pounds for _____	<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 _____
<input type="checkbox"/> Brush teeth often _____	<input type="checkbox"/> May return to work/outdoor _____
Wound Care	
<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 _____
<input type="checkbox"/> Change wound daily with _____	<input type="checkbox"/> Other _____
Medications	
<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 _____	
Call Your Doctor if Any of the Following Occur	
<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	
Dr. Signature: _____	Date: _____ Time: _____
Follow-up Appointment	
Call for a follow-up appointment with Dr. _____ on _____	
I Have Received And Understood The Above Instructions	
Patient / Patient Guardian Signature _____	
Instructions given by _____	

1000-000-0000 White - Chart Yellow - Patient