

Discharge Instructions for Pain Management Patients

If your physician's instructions vary from these instructions, please follow your physician's instructions.

You may experience lightheadedness, dizziness and sleepiness due to your anesthesia. Therefore, a responsible person must drive you home and stay with you overnight. For the next 12 hours:

- Do not drive a car, operate machinery or power tools.
- Do not drink alcoholic beverages of any kind, including beer and wine.
- Do not sign any important papers or make important decisions.
- If possible, arrange care for dependent adults or children.

ACTIVITY

- Rest at home today; increase activity gradually.
- When you change position, move slowly to minimize any dizziness, nausea or vomiting.
- Have a responsible person with you the first few times you get up.

DIET

- Drink plenty of fluids.
- Food as tolerated. Begin with a light meal and progress to more substantial food later in the day.

MEDICATIONS

- Follow your physician's instructions for medications.

PHYSICIAN: _____ PHONE: _____

Contact your physician (or his/her associate) if any of the following occur:

- Temperature above 101 degrees F.
- Persistent nausea or vomiting (greater than 24 hours).
- Persistent headache
- Persistent dizziness while standing.
- Loss of bowel or bladder control.
- Prolonged weakness or sensory loss in the affected extremity.
- Worsened pain for more than three days after the procedure.

If you are unable to reach your physician, and if the symptoms are very severe, you may need to go to the nearest Emergency Department or call 911.

The beneficial effects of cortisone injections may take several days to be apparent. The injection may not relieve all the pain and a temporary increase in pain may occur. Repeat injections may be necessary, as determined by your physician on your follow-up appointment.

The above instructions have been reviewed by me. I understand they are for my benefit.

Valuables returned:

- Yes _____
 N/A _____ Patient's Signature

Prescription _____

Given to: Patient Family Member N/A

Called to Pharmacy: _____

MRI/ Films returned to patient N/A

Specific Discharge Instructions given to Patient:

- Post Care Instructions for Facet, Epidural or Nerve Root Block Injections
 IDET
 Discogram
 Rhizotomy

Patient's Signature Date/Time

Discharge Nurse's Signature

Responsible Adult's Signature