



Outpatient Discharge Instructions

Test/Treatment/Procedure Performed: _____

Date: _____ Clinic/Service: Back & Pain Center

Attending Physician: _____ Doctor No: _____

Resident/Fellow: _____ Doctor No: _____

Referring Physician: _____

Please follow the instructions checked below:

You or your child has received a sedative/anesthetic during your procedure. The medication(s) you received were _____. You or your child/ward may feel sleepy or not yourself for several hours today.

(Adults) For the next 12 hours 24 hours, do not engage in any activity that requires alertness or coordination. This includes driving, operating heavy machinery, using power tools, cooking, climbing, riding a bicycle, or roller blading/skating.

(Peds) For the next 12 hours 24 hours your child/ward must be observed during the ride home in their car seat. They may be allowed to sleep, but only **without** their head/neck slumping forward. Do not allow them to engage in any activity that requires alertness or coordination. This includes use of playground equipment, climbing, riding a bicycle, or roller blading/skating.

No alcohol for 12 hours 24 hours

It is suggested that you or your child/ward remain in the company of a family member, friend, or attendant for the next 12 hours 24 hours

Do not make important or complex decisions or sign legal documents in the next 12 hours 24 hours

Signs/symptoms expected: Decrease in pain, soreness at injection site, onset of steroid benefit takes 2-3 days

Please call the Back & Pain Center at (734) 615-7246 between 7:30am-4pm M-F if you develop:

- | | | |
|--|--|---|
| <input type="checkbox"/> Severe abdominal pain | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Fever (greater than 100.6°) | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Other worrisome symptoms |
| <input type="checkbox"/> Persistent vomiting | <input type="checkbox"/> Redness, swelling, red streaking, or pain at intravenous injection/procedure site | |

After hours call the Pain Fellow on call at (734) 936-6267 beeper 9031

If you cannot reach medical assistance, seek care at an emergency room.

Take this form with you.

Activity Instructions

- Take it easy today
- May resume swimming, hot tubs, or bath/showers after 12 hours 24 hours or _____ days
- Special instructions: Get up slowly when standing today. Resume activities gradually.
- May return to work/school on: usual activities the following day of procedure.

Diet Instructions

- Resume your previous diet as tolerated.
- Special diet is recommended as follows:_____

Medication Instructions

- Resume your daily prescription medications schedule. Exceptions: May need to reduce medicine when pain decreases.
- New prescriptions:_____

Special Instructions

- Wound care: Wash off residual betadine, remove bandaid in the a.m.
- Follow-up test results
- Other instructions: Observe injection site, call if redness, swelling, drainage, or fever develops. Keep track of pain relief.
- Follow-up care with Dr. _____ Location: Pain Ctr.
Date: _____ Time: _____
- Please call (734) 615-7246 to make return appointment in two weeks
Time: _____

I hereby acknowledge receipt of the instructions above; I will arrange for follow-up care as instructed.

Patient/Care Giver Signature:				
Provider Signature:	ID #	Date:	Time:	A.M./ P.M.
Nurse Signature:	Date:	Time:	Time of Discharge:	

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

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