



# PATIENT Discharge Instructions

Contact your pain management physician's office with any questions or problems.

**GULF COAST PAIN SPECIALISTS AT 484-4080 (OPTION 4):**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Dr. Buchalter | <input type="checkbox"/> Dr. Griffee    | <input type="checkbox"/> Audrey Sisney, ARNP | <input type="checkbox"/> Mark Catell, PA     |
| <input type="checkbox"/> Dr. Fairleigh | <input type="checkbox"/> Dr. Montgomery | <input type="checkbox"/> David Downey, PA    | <input type="checkbox"/> Yelena Bianco, ARNP |
| <input type="checkbox"/> Dr. Larkins   | <input type="checkbox"/> Dr. Rimalapudi | <input type="checkbox"/> Donna Garrett, ARNP | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Dr. Garrett   | <input type="checkbox"/> Dr. Capra      | <input type="checkbox"/> Jamie Jackson, ARNP |  |

### 1. DIET

\_\_\_\_\_ Resume normal meals gradually.

### 2. ACTIVITIES AFTER THE PROCEDURE:

- \_\_\_\_\_ Rest for the remainder of the day unless otherwise instructed.
- \_\_\_\_\_ Normal activity may be resumed tomorrow.
- \_\_\_\_\_ Legs may go numb or give out up to 2 hours after procedure.
- \_\_\_\_\_ No lifting of heavy objects.
- \_\_\_\_\_ No driving until tomorrow if you received IV sedation.
- \_\_\_\_\_ May shower or bathe tomorrow.
- \_\_\_\_\_ Resume home medications.
- \_\_\_\_\_ Medication(s) which should not be taken: \_\_\_\_\_ .

### 3. WOUND CARE:

- \_\_\_\_\_ Dressing(s) should be kept dry and left as is until seen by your physician.
- \_\_\_\_\_ Dressing(s) may be removed tomorrow.
- \_\_\_\_\_ Specific Instructions: **May apply an ice pack at 15 minute intervals every**  1-2  3-4 times **before bedtime.** (We recommend not using heat on the day of the procedure.)

### 4. MONITOR FOR SIGNS AND SYMPTOMS OF INFECTION NOTIFY YOUR DOCTOR OR GO TO THE ER IF ANY OF THE FOLLOWING OCCUR: (Call 850-444-5550 for the doctor's directory)

- |                                     |  |
|-------------------------------------|--|
| 1. Large amount of bleeding.        | 4. Persistent vomiting.                            |
| 2. Temperature of 101 or above.     | 5. Difficulty breathing or shortness of breath.    |
| 3. Pain, unrelieved by medications. | 6. Increase swelling or drainage at surgical site. |
5. If you develop a headache, lie flat on your back and elevate your legs. Drink caffeinated liquids. If your headache lasts longer than 24 hours, **please call your physician at 484-4080.**

### 6. SPECIAL INSTRUCTIONS: No alcohol for 24 hours.

### 7. Make no legal decisions or sign legal documents for 24 hours if you received IV sedation.

### 8. To cancel, please call our procedure cancellation line at 850-912-4538 at least 72 hours prior to procedure to avoid cancellation fee.

Your next procedure is _____ at _____ <span style="display: block; text-align: center; font-size: small;">Date/Time</span>	<input type="checkbox"/> University Interventional Center <input type="checkbox"/> Market Place <input type="checkbox"/> Andrews Institute <input type="checkbox"/> North FL Surgery Center
Your next office appointment is _____ at _____ <span style="display: block; text-align: center; font-size: small;">Date/Time</span>	<input type="checkbox"/> Marketplace <input type="checkbox"/> Atmore <input type="checkbox"/> Jay <input type="checkbox"/> WFH Clinic <input type="checkbox"/> Navarre <input type="checkbox"/> Pace <input type="checkbox"/> Andrews <input type="checkbox"/> Brewton

I certify that I have read and understand the above instructions

\_\_\_\_\_  
SIGNATURE OF PATIENT (or person accompanying patient home)

\_\_\_\_\_  
NURSE SIGNATURE