



facet block / Selective nerve root block

DISCHARGE INSTRUCTIONS-GENERAL/MONITORED ANESTHESIA/LOCAL - Dr. Ashford

1. GENERAL ANESTHESIA OR SEDATION:

- Do Not drive or operate machinery for 24 hours.
- Do Not consume alcohol, tranquilizers, sleeping medication for 24 hours.
- Do Not make important decisions or sign important papers for the next 24 hours.
- We recommend a responsible adult be with you for the first 24 hours after surgery.

2. ACTIVITY:

- You may feel sleepy-Rest at home today. The feeling will slowly wear off and resume light to normal activity tomorrow.
- Do Not engage in strenuous activity for 3 days. No heavy lifting or straining
- Weight bearing: Full Partial None Use crutches/walker

3. FLUIDS/DIET: You may experience some nausea from the medication you received today. Begin with clear liquids such as juice or soda, toast, soda crackers. Gradually progress back to solid foods.

4. MEDICATIONS:

- Prescriptions: None Given to Patient Faxed/Phoned to: _____
- If you experience pain, you may take over the counter pain medication such as Tylenol. If this does not control your discomfort, contact your physician.
 - You received Tylenol 1g IV@ _____. You may resume Tylenol and other Tylenol containing products @ _____. Do not exceed more than 3g total of Tylenol in 24 hours - You already received 1g of Tylenol today so you can only have up to 2g of Tylenol this first day.
 - Use your pain medication as directed. Take with food. Do not drink alcohol or drive when you are taking these medications. Please be aware that most pain medications can be constipating, so make sure you drink plenty of fluids.
 - You may resume your daily medication schedule per your doctor's approval.
 - Other: _____

5. OPERATIVE SITE:

- Leave dressing in place until your next doctor's visit. Keep dressing clean and dry.
- May remove dressing and shower on date Next day
- Follow your doctor's instructions: _____
- Rest after injection. Place ice over the injection site for 15 minutes every 2 hours, as needed for pain.
- Ice bags to affected area for 20 minutes ___x day for ____.
- Elevate extremity

6. FOLLOW - UP CARE: Dr. Ashford (626) 795.8057

- Call your physician and schedule a follow-up appointment on 2-9 WEEKS.
- Contact your Surgeon if you experience:

Temperature over 101 degrees by mouth/chills	Severe pain unrelieved by medication
New numbness, tingling, or weakness, cold/blue, in extremity	Severe headache or stiff neck
Increased redness, drainage, or bleeding from site	Excessive nausea or vomiting
Inability to urinate after 8 hours	Difficulty walking

7. ADDITIONAL INSTRUCTIONS: _____

- Peripheral nerve root block information sheet given
- Crutch training instruction sheet given
- If you any questions arise you may call Congress Medical Surgery Center, Monday - Friday between 6:00 am and 6:00 pm at (626)396-8100.
- Patient and/or family verbalize understanding of instructions

Patient Signature/ Responsible Party Signature: _____

Time: _____ Instructions given by: _____

R.N. Signature: _____ Date: _____