Meadow Lane Surgery Center

5652 Meadow Lane, New Port Richey, FL 34652

POST DIAGNOSIS, FINDINGS: ______________________________

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❑ **GASTROSCOPY/EGD UPPER ENDOSCOPY**	If you had an upper endoscopy, you may have a sore throat for a day or two. You may gargle with warm water or take a throat lozenger to ease the discomfort. If you develop pain, vomiting, or abdominal fullness and are unable to relieve fullness, CALL YOUR PHYSICIAN.
❑ **COLONOSCOPY LOWER ENDOSCOPY**	If you had a colonoscopy, mild to moderate cramping is expected for several hours. If you develop severe pain or your stomach feels full and bloated and you cannot pass gas, CALL YOUR PHYSICIAN.
BLEEDING	You may have had this exam because of bleeding. An increase in bleeding after this exam may be abnormal. A small amount of bleeding after a biopsy is taken or a polyp is removed is normal. If vomiting of blood occurs or if the toilet water is reddened from the passing blood, CALL YOUR PHYSICIAN.
PRESCRIPTIONS	❑ Resume all preoperative medications. ❑ Check with physician prior to resuming medications.
ASPIRIN	❑ N/A ❑ Do not take aspirin or aspirin products for _____ days. (i.e. Advil, Nuprin, Aleve, Bufferin, Excedrin and other products containing Ibuprofen or Aspirin), Plavix, Vitamin E, Ginko, Coumadin - Restart ______ days later.
APPOINTMENT	Call Dr. _________________'s office at _____________ in a.m./p.m. to schedule return office visit for / on: __________________ or keep the scheduled appointment.
BIOPSIES	❑ A specimen has been sent to the lab for further evaluation. (A small amount of bleeding after a biopsy is taken or a polyp removed may be expected and is not unusual). ❑ Your physician will call you with the results in days. ❑ Your physician will discuss the results of your biopsy at your next scheduled appointment. ❑ Call your physician's office in ________ days for biopsy results.
DIET	❑ You may resume your usual diet. ❑ Clear Liquids for 24 hours. ❑ Nothing to eat or drink by mouth until able to swallow water without difficulty. ❑ Other: ______________________________
ACTIVITY	The medicine you received today may make you feel weak and tired for the next 24 hours. For the next 24 hours: • **DO NOT** Make any important decisions or sign any important papers. • **DO NOT** Drink any alcoholic beverages. • **DO NOT** drive a car; operate any machinery or power tools.
IV INSERTION SITE	The medicine you received may cause irritation to the vein. This may cause redness, swelling or pain. Warm wet soaks may be applied to the site to relieve pain and reduce the redness and swelling. If redness/swelling persists after 24 hours. Please CALL YOUR PHYSICIAN.
OTHER INSTRUCTIONS	

REPORT TO YOUR PHYSICIAN IMMEDIATELY: PHONE # ______________________

- **Fever** • **Severe pain** • **Vomiting or coughing of blood**
- **Shortness of breath** • **Excessive rectal bleeding**
- **If you are unable to reach your physician and feel you need immediate care, call 911 or go to your nearest emergency room.**

I have received the above instructions:

____
Patient / Responsible Adult

______________________________ Date: ____________
Nurse Signature

______________________________ Date: ____________
Physician Signature

Patient Label

Form #110 GI Discharge 12/05

Post-operative Call

Procedure: ______________________________ Phone # ______________________
Date of Procedure: ____________________ Surgeon: ______________________

	Yes	No	Comments
1. Nausea	❑	❑	______________________
2. Vomiting	❑	❑	______________________
3. Fever	❑	❑	______________________
4. IV Site Pain	❑	❑	______________________
5. Dizziness	❑	❑	______________________
6. Sore Throat	❑	❑	______________________
7. Cough	❑	❑	______________________
8. Drainage from Incision	❑	❑	Type: ______________________
			Amount: ______________________
9. Appetite	❑	❑	______________________
10. Resting	❑	❑	______________________
11. Ambulatory	❑	❑	______________________

12. Pain ❑ Severe ❑ Moderate ❑ Slight ❑ None

Patient's General Comments: ______________________________

Nurse's Notes: ______________________________

Complications Reported: ❑ N/A ❑ Yes Reported To: ____________________

Date of Call: ____________________ Time: ____________
______________________________ ❑ No Answer
Signature of Nurse

Re-Call Date: ____________________ Time: ____________
______________________________ ❑ No Answer
Signature of Nurse