



Rocky Mountain Pain Specialists
DISCHARGE INSTRUCTIONS – SAME DAY SURGERY

* 622025w13219 ClinDoc

Plan to rest and relax after your procedure. If you received sedation you may feel drowsy or tired for a number of hours. **DO NOT** drink alcohol or take tranquilizers after anesthesia or while taking pain medication. You should **NOT** drive a car or operate machinery until a doctor says it is safe. **DO NOT** make any major decisions, sign contracts, etc, for 24 hours if you were sedated.

DATE: _____

ACTIVITIES

- _____ Resume your usual activities
- _____ Rest today, tomorrow you may resume your usual activities
- _____ Should NOT work for _____ days

DIET

- _____ Resume your usual diet
- _____ Start with clear liquids such as soft drinks, tea, apple juice then advance to regular diet
- _____ Follow a Diabetic Diet
- _____ Avoid carbohydrates (e.g. bread, pasta, rice, sugar) for _____ days as “steroid” injections can increase your blood sugars temporarily (typically varies 1-7 days)

MEDICATIONS

- _____ Resume taking your previous medications unless instructed otherwise
- _____ Prescriptions given to patient. Pain medication may cause drowsiness
- _____ Over the counter medications
- _____ Blood thinners: Start: _____

DRESSINGS

- _____ Remove Bandaid(s) today/tomorrow
- _____ Remove your dressing after _____ hours

SPECIAL INSTRUCTIONS

- _____ You may take a bath/shower _____
- _____ You may drive after _____ hours

VISIT AFTER SURGERY

- _____ Follow up appointment in _____

If you have any questions or concerns please call the office at: **(303) 805-7246**

Clinic Representative: _____

Patient's Name: _____ Signature: _____



POST-PROCEDURE PAIN DIARY

INSTRUCTIONS: The goal of this pain diary to assess your response to your diagnostic procedure in order to determine the appropriate treatment for your pain.

- Please resume your normal daily activities after your procedure and document your activity and pain score.
- DO NOT document any post-procedure pain/soreness you may have
- Rate your normal, pre-procedure pain that you would typically experience on the side where your procedure was performed. If you are numb, this is a 0.
- Return this form when complete.

PROCEDURE: Left Right CMBB TMBB LMBB GEN
 NUMBER: 1 2

DATE: _____

PRE-OP PAIN SCORE: _____

TIME SINCE PROCEDURE	ACTIVITY	PAIN SCORE (0-10)
Post-Op		
1-2		
2-4		
4-6		
6-8		
8-10		
10-12		
12-18		
18-24		