

Cape Surgery Center, LLC

OUTPATIENT DISCHARGE INSTRUCTIONS AND SUMMARY

These are the instructions that you should follow after you leave the center until further instructions are given to you by your physician. **NOTIFY YOUR DOCTOR OF ANY CHANGE IN YOUR CONDITION, OR OF ANY PROBLEMS.**

ACTIVITY

- ☒ Light work x 24 hours
☒ Return to regular activity x 24 hours
Other _____

DIET

- ☒ Return to your regular diet

BATHING

- ☒ May shower / tub bathe tomorrow

MEDICATIONS

- ☒ Medication Reconciliation form given
☒ Resume medications taken at home before your surgery
☒ Please call the surgery center at 731-285-1545 tomorrow and tell us how you are doing

DRESSING

- ☒ Only Remove dressing to apply eye drops
Other _____

1. For first 24 hours do not drive, operate machinery, drink alcoholic beverages, make significant personal or business decisions.
2. If you have difficulty breathing, prolonged bleeding, fever > 100° F, continued nausea or vomiting, pain management isn't working, unable to urinate within 8 hours of surgery, or have had no BM for more than 24 hours, contact your doctor immediately if you cannot contact your physician, go to the nearest emergency room.

Physician **Richard Cape**

Number **731-286-2801**

OTHER INSTRUCTIONS

- ☒ Wear shield at bedtime x 4 nights
☒ No lifting over 15 lbs. x 1 week
☒ Eyes may feel scratchy/irritated today
☒ Do not rub eyes today
☒ No bending over x 1 week (no longer than to tie your shoes)

FOLLOW-UP CARE

You need to call _____

& make an appointment for _____

We have made an appointment for you with:

Physician _____

Date/Time _____

Discharged by: _____

Discharged to: Home Other

Discharged per: Ambulatory WC Stretcher

Assisted by: **Staff** _____

I have received and understand the above discharge instructions.
All of my questions were answered to my satisfaction.

Signature of Caretaker (i.e. Family Member) _____

Patient Label