



## POST-OPERATIVE CARE INSTRUCTIONS

Patient:	Date:
Allergies:	Doctor:
Age:	Day: Time:
Patient Medical History:	

### Surgical Procedures:

1.	4.
2.	5.
3.	6.

Anesthesia (circle one): General Intravenous Local Stand-By

Length of Surgery: \_\_\_\_\_ Transfusion: YES NO

Significant Operative Events: \_\_\_\_\_  
\_\_\_\_\_

Length of time in recovery: \_\_\_\_\_

### Medication received in recovery:

1. \_\_\_\_\_ (Medication /time) 2. \_\_\_\_\_ (Medication /time)

Pre-Op B.P. \_\_\_\_\_ Post-Op B.P. \_\_\_\_\_

Vital Signs PRN As Ordered

Elevate H.O.B. 30°-45°

Begin Cold Compress Immediately AREA: \_\_\_\_\_

Remove Head Dressing And Shampoo Hair DATE: \_\_\_\_\_

Diet: Fluids, Advance to solids only as tolerated

Empty Drains PRN

Antiemetic Suppositories companize torecan tigan

Medications Ordered 1. 2. 3.

4. 5. 6.

**CIRCLE ONE:** Ordered from Pharmacy In Patient's Possession

DC Folley \_\_\_\_\_ DC IV \_\_\_\_\_

SCD Boots \_\_\_\_\_ Oxygen Treatment \_\_\_\_\_

May Shower When \_\_\_\_\_ Strict Bed Rest \_\_\_\_\_

Sit Up or Ambulate \_\_\_\_\_