

After Sedation Instructions for Companion & Patient

- 1). PATIENT CANNOT DRIVE FOR 24 HOURS AFTER TAKING SEDATION MEDICATION
- 2). DO NOT OPERATE ANY HAZARDOUS DEVICES OR DO ANY HEAVY LIFTING FOR 24 HOURS.
- 3). A RESPONSIBLE PERSON SHOULD BE WITH THE PATIENT UNTIL HE/SHE HAS FULLY RECOVERED FROM THE EFFECTS OF THE SEDATION.
- 4). PATIENT SHOULD NOT GO UP AND DOWN STAIRS UNATTENDED. LET THE PATIENT STAY ON THE GROUND FLOOR UNTIL RECOVERED.
- 5). HAVING NUTRITION AFTER SEDATION IS IMPORTANT. THE PATIENT SHOULD BEGIN EATING APPROPRIATE FOOD AS SOON AS POSSIBLE. DO NOT DELAY.
- 6). PATIENT NEEDS TO DRINK PLENTY OF FLUIDS AS SOON AS POSSIBLE AND STAY HYDRATED.
- 7). PATIENT MAY SEEM ALERT WHEN HE/SHE LEAVES. THIS MAY BE MISLEADING SO DO NOT LEAVE THE PATIENT ALONE.
- 8). ALWAYS HOLD PATIENT'S ARM WHEN WALKING.
- 9). CALL US IF YOU HAVE ANY QUESTIONS OR DIFFICULTIES. IF YOU FEEL THAT YOUR SYMPTOMS WARRANT A PHYSICIAN AND YOU ARE UNABLE TO REACH US, GO TO THE CLOSEST EMERGENCY ROOM IMMEDIATELY.
- 10). PATIENT SHOULD NOT CARRY, SLEEP NEXT TO OR BE LEFT ALONE WITH THE YOUNG CHILDREN FOR A PERIOD OF NO LESS THAN 24 HOURS AFTER THE LAST DOSAGE OF MEDICATION.
- 11). NO SEDATIVES OR STIMULANTS SHOULD BE TAKEN FOR 24 HOURS AFTER THE APPOINTMENT (INCLUDING ALCOHOL, CAFFINE OR NICOTINE)
- 12) **DRIVE DIRECTLY HOME, & CALL THE OFFICE WHEN YOU ARRIVE AT HOME AND THE PATIENT IS COMFORTABLE & SAFE.**

FOLLOWING MOST SURGICAL PROCEDURES THERE MAY OR MAY NOT BE PAIN, DEPENDING ON YOUR THRESHOLD FOR PAIN. YOU WILL BE PROVIDED WITH MEDICATION FOR DISCOMFORT THAT IS APPROPRIATE FOR YOU. IN MOST CASES, A NON-NARCOTIC PAIN REGIMEN WILL BE GIVEN CONSISTING OF *ACETAMINOPHEN* (TYLENOL) AND *IBUPROFEN* (ADVIL). THESE TWO MEDICATIONS **TAKEN TOGETHER**, WILL BE AS EFFECTIVE AS A NARCOTIC WITHOUT ANY OF THE SIDE EFFECTS ASSOCIATED WITH NARCOTICS. IF A NARCOTIC HAS BEEN PRESCRIBED, FOLLOW THE DIRECTIONS CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THESE MEDICATIONS INTERACTING WITH OTHER MEDICATIONS YOU ARE PRESENTLY TAKING, PLEASE CALL OUR OFFICE, YOUR PHYSICIAN AND/OR YOUR PHARMACIST.

DR.'S PHONE: _____ DATE: _____

COMPANION'S SIGNATURE: _____ PATIENT'S NAME: _____

MEDICATIONS: Take only when checked:

- AMOXICILLIN 500mg - Fill prescription and take as directed
- TYLENOL #3 – Fill prescription and take as directed
- TYLENOL (ACETAMINOPHEN) – Take two every 6 hours
- ADVIL (IBUPROFEN)-Take two every 6 hours