

RECOVERY, DISCHARGE, and ACTIVITY

The patient should not be left alone for 24 hours. Minors and Wards will only be discharged to a parent, legal guardian, or a responsible adult with written authorization. Adult patients will only be discharged to another responsible adult. Patients should be secured in appropriate car seats/booster seats or if old enough secured by a seat belt.

Some medications can have lasting undesirable effects in some patients. It is common for the patient to be sleepy, dizzy or uncoordinated after sedation or general anesthesia. Patients should not be permitted to walk unassisted for at least 4 hours. Patients are requested to not engage in activities that require attention to detail or coordination until 24 hours after the procedure; this may include but is not limited to driving, operating heavy machinery, going to work or school, sports, swimming, making important decisions, and signing any legal documents.

FOOD and DRINK

Clear liquids are encouraged unless there is a medical contraindication early after discharge. Foods should be introduced slowly starting with soft bland foods. If the patient rejects food, they should not be forced to eat, however hydration remains important. 3 hours after discharge, there are generally no restrictions on eating or drinking from an anesthesia perspective with the caution that greasy foods and dairy foods may cause nausea and vomiting in some patients. No alcohol should be consumed for 24 hours.

HEALTH

Prescribed medicines should be continued as prescribed following discharge unless otherwise directed. Patients that use CPAP should resume use as prescribed by their doctor.

OTHER COMMON POST-ANESTHESIA CONCERNS	Description
Pain	Tylenol can be taken immediately following discharge for most patients, however, please refrain from NSAIDs or pain medication containing Ibuprofen (Advil or Motrin) for 6 hours. If the patient continues with persistent pain after taking recommended medications, please contact the dentist/surgeon.
Agitation, Delirium, and Sleepiness	A transitional state of confusion and disorientation with often intense emotional and physical responses may last several hours after anesthesia. Usually self-limiting and usually does not require treatment other than supportive care.
Nose-bleeds	Patients with a nasal breathing tube may experience redness and mild intermittent nose bleeds for 2-3 days. Pressure and cold compress for 15 minutes will generally stop the bleed. Hemorrhage is rare but requires immediate medical attention.
Sore-throat	OTC pain medications and soft cold foods may help alleviate discomfort. May last up to 3-4 days.
Bruising and skin irritation	Some patients experience redness or bruising around eyes, nose, IV sites, and other bodily sites where monitors were placed and may last a week or more; cold compresses may help.
Fever	A mild temperature elevation is not uncommon for 1-2 days. Patient should be kept indoors in a cool place for the remainder of the day. Hydration is encouraged. If high fever or long-lasting fever develops, please seek medical attention.
Nausea and Vomiting	Common, usually mild and limited to 24 hours. Hydration is encouraged.
Bleeding and swelling	Some bleeding and swelling is normal, but contact your doctor if you have excessive or worsening bleeding or swelling.

Please contact Specialty Anesthesia Partners at info@sleepthruit.com or 346-558-5881 if you have any questions or concerns

Seek immediate medical attention if there are any signs or symptoms of respiratory distress, shortness of breath, choking, chest pain, seizures, fainting, allergy, or severe or worsening trends of the topics described above.

PATIENT/OTHER LEGALLY AUTHORIZED REPRESENTATIVE *(signature required)*

I certify that I have received, read, and understood the above instructions.

Patient Name: _____ Patient DOB: _____

Signers Printed Name (if different than patient) _____ Legal relationship to patient: _____

Signature: _____ Date: _____