

General Discharge Instructions and Orders for Plastic Surgery Patients

Medication given may have significant effects after discharge; therefore on the day of surgery:

1. A responsible adult must accompany you upon discharge and for 24 hours after surgery.
2. Do not drive a motor vehicle, operate machinery, power tools or appliances, drink alcoholic beverages, or make critical decisions for 24 hours. If a child: no running, jumping, climbing, riding bikes, or push toys for 24 hours.
3. Diet: You may resume your regular diet but it is better to increase intake slowly with liquid and working up to solid foods or as indicated.
 Pain: There may be some pain associated with the procedures. Your surgeon will have given you a prescription for medication. If this medication does not provide adequate relief -call the office.
 Prescription given to patient ☐Yes ☐No ☐NA
 Nausea/
 Vomiting: Nausea and vomiting may occur as you become more active or begin to increase food intake, if this should happen, decrease activities and return to just clear liquids. If the problem persists, call the office.
 Fever: Fever is not expected. You should report a temperature above 101 degrees to the office.
 Dizziness: Beware of dizziness, which may cause a fall. Change positions slowly.
 Urinating: Notify the office if you have not urinated within 12 hours after discharge.
 Children: Children should be at home but may be out of bed in accordance with our instructions.
4. ____ Do not remove dressing until seen by your surgeon. Keep clean and dry.
 ____ You may remove dressing
5. You have an appointment with Dr. _____ on _____ at _____
6. Special Exercises: _____
7. Equipment Needed: _____
8. Additional instructions: _____

If any questions arise, call your surgeon at the office:

Plastic Surgery Department: (707) 393-4090

Cosmetic Services: (707) 566-5288

or go through the Kaiser Permanente Hospital Operator: (707) 393-4000

If unable to contact surgeon, please call the advice nurse at (707) 393-4044.

Plastic Surgery Department
 Kaiser Permanente – Santa Rosa
 Medical Office Building West, Suite 220
 401 Bicentennial Way
 Santa Rosa, CA 95403

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I have received, read and understand the above instructions. All of my questions have been answered to my satisfaction.

Date _____

Signature of patient, parent or guardian _____

Nurse _____