

Post-Sedation Discharge Instructions

These are the home care instructions for you to follow after your sedation procedure. The medications given to you today will stay in your body for some time. For your safety, we strongly encourage you to follow these important instructions for the next **24 hours**.

Diet

- You may start eating your usual diet as tolerated. If you feel “sick to your stomach” begin with clear liquids and light foods such as 7-Up, broth, dry toast, saltine crackers, tea, etc.
- **NO alcoholic beverages for at least 24 hours.** The reaction between alcohol and the medications we gave you could be deadly!
- Follow a High Fiber Diet – fiber helps promote a healthy body.

Activity

- It is normal to feel weak, “wiped out”, or unusually tired, so we recommend rest today.
- You may feel lightheaded, dizzy, or unsteady on your feet. Walk slowly and take your time.
- Do **not** drive or operate hazardous machinery. Your judgment and reaction time will be slower.
- Do **not** use appliances or equipment that could be dangerous, such as stoves, knives, or power tools.
- Do **not** sign or make any important personal/business decisions.

Medications

- Do not take cold medicine or sleeping medicine today. Avoid aspirin.
- You may restart your other normal medications as prescribed by your doctor.
- If you have any questions or concerns about new medications that may have been prescribed for you, please call your doctor at the numbers printed below.

Special Instructions

- Go the Emergency Room if any of the following happens:
 - Severe stomach pain, cramping and/or bloating
 - Excessive bleeding (more than a few drops)
 - Chills or a fever over 101.0 degrees
 - Difficulty swallowing or breathing
 - Redness, swelling and/or pain at your IV site

You will receive a letter in the mail in about 2 weeks regarding your procedure results and any follow-up instructions.

Polyps Removed YES NO Biopsies Taken YES NO Medications Prescribed YES NO

I understand the above Post-Sedation Instructions and have been given the opportunity to have my questions answered.

Patient Signature: _____ **Date:** _____ **Time:** _____

(Patient/Parent/Guardian)

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Patient Identification