PATIENT NAME: _____ **Date:** _____

POST OPERATIVE INSTRUCTIONS

DIET

First Hour (1) – Patient may slowly begin with CLEAR liquids (water, Gatorade, apple juice, etc).
Second Hour (2) – Patient may proceed to soft foods.
Third Hour (3) – If patient is doing well with liquids and softs, may slowly progress to regular diet.
Avoid meat, dairy, and greasy foods. In addition, the dentist may prescribe certain dietary restrictions.

PAIN & DISCOMFORT

It is not uncommon for the patient to experience pain after his/her dental procedure. The anesthesiologist may have administered IV pain medications, and the dentist may have administered local anesthesia (numbing) to help the patient deal with potential pain. These medications typically wear off after a couple of hours. The following medications may be recommended for post-operative pain control. **If the patient is experiencing persistent pain after taking recommended medications, please contact the DENTIST.**

☐ Tylenol/Acetaminophen (dose per package instructions)
☐ Immediately

- OR -

☐ Ibuprofen/Advil/Motrin (dose per package instructions)
☐ Immediately ☐ Begin at _____am/pm

NAUSEA & VOMITING

Occasionally nausea and vomiting may occur following anesthesia. Anti-nausea medication was administered through the patient IV during the procedure. If the patient experiences nausea or vomiting after discharge, restrict diet to clear liquids (see above), until symptoms subside. **If patient is experiencing persistent nausea or vomiting, please contact the ANESTHESIOLOGIST.**

EXPECTED ACTIVITY

Patient may be tired and sleepy for the next several hours, and may take several naps. The patient should NOT drive, bike, swim, sign contracts, or engage in any other activity that requires full physical and mental coordination for the rest of the day. Patient may resume normal activities on the day following his/her surgery.

FEVER

Patient may experience a low-grade fever following anesthesia. Patient should stay indoors, and remain in a cool temperature controlled area.

MEDICATIONS

Please resume medications as prescribed unless otherwise indicated by the Anesthesiologist or Dentist.

ADDITIONAL INSTRUCTIONS: _____

I have reviewed these discharge instructions with my anesthesiologist and/or their assistant and have had all of my questions answered to satisfaction. I will receive a copy of these instructions and provide a contact number where I may be reached for the next 24 hours.

Discharged to: _____ Relationship: _____

Signature: _____ Phone: _____

Anesthesiologist: _____ Phone: _____(800) 997-1220_____
Dr. Matthew Wall Direct Line

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