

SURGICAL CENTER

NPO 6/19/23

PRE-ANESTHESIA EVALUATION AND PAST MEDICAL HISTORY

PROPOSED PROCEDURE: ① Breast lift ② breast reconstruction +
③ tubercous breast reconstruction

Cardiac:

⊕

Renal:

⊕

GERD:

⊕

Respiratory:

⊕

Hepatic:

⊕

Other:

+ Obesity

STOP-bang score:

Neuro:

⊕

Endocrine:

⊕

Social History:

⊕ Marijuana daily
⊕ THT 2x/wk

Diagnostics:

EKG:

CXR:

Labs: 6/6/23
7.7 > 14.1 < 283
42.9
10.2 > 0.93 < 26.4
141 | 107 | 120
4.1 | 26 | 0.78 < 100

Current Medications:

⊕

ALLERGIES:

NKDA

Past Surgical/Anesthesia History:

denies

PHYSICAL EXAM Female: 33 Male: Height: 63in Weight: 176 lbs IBW: _____

ASA STATUS: I ☐ II ☒ III ☐ NPO: 79h

HR: _____ BP: _____ SpO2: _____ Temp: _____ RR: _____

AIRWAY

Mallampati:

MP III

ROM:

From

TMD:

73Fb

Teeth:

intact

PHYSICAL ASSESSMENT

Cardiac auscultation: S1S2

Pulmonary auscultation: C7A3

Other:

Anesthesia Plan: ☒ GA ☐ MAC

Notes:

ANESTHESIA PROVIDER: L. Johnson

DATE/TIME: 6/20/23

POST-ANESTHESIA EVALUATION

Pt Condition:

☒ Awake

☒ Stable

☐ Drowsy

☐ Unarousable

Airway: ☐ Nasal Cannula L/min _____ ☐ Facemask L/min _____

Vital signs stable: Yes ☒ No ☐

Anesthesia Complications: Yes ☐ No ☒

NOTES:

ANESTHESIA PROVIDER: L. Johnson

DATE/TIME: 6/20/23

Niza Aguilera
06.02.1990

PHYSICIAN'S ORDERS

DATE	TIME	PRE OPERATIVE ORDERS AND INTRAOPERATIVE ORDERS (check all that apply)
09/20	0800	<input checked="" type="checkbox"/> Obtain baseline vital signs
		<input checked="" type="checkbox"/> Start IV T.K.O. with LR or NS
		<input type="checkbox"/> Antibiotic: <input type="checkbox"/> 1 gram Ancef I.V. given within 60 minutes of surgical start time
		<input checked="" type="checkbox"/> Antibiotic: 2g Ancef
		<input checked="" type="checkbox"/> Tumescant Solution: per preference Card
		<input checked="" type="checkbox"/> Procedure: Bilateral Breast lift with lift Breast reduction to match Bilateral Tuberosity breast PermaSuction
		Valium 10 mg 1 tab po pre operatively
		Fentanyl 12.5-25mcg IVP Q5-15 min PRN pain intraoperatively NTE 200mcg
		<input checked="" type="checkbox"/> Zofran 4mg IVP x 2 PRN nausea intraoperatively
		<input checked="" type="checkbox"/> Pre-Operative Labs: CBC, CMP, PTT, PT, UA fields Tests, HIV antibody, Hepatitis C titer, Hepatitis B Surface antigen
		<input checked="" type="checkbox"/> EKG
		Finger stick blood glucose
Order Noted by RN Initials: <u>GC</u> PHYSICIAN SIGNATURE: <u>[Signature]</u>		

DATE	TIME	POST OPERATIVE ORDERS: (check all that apply)
09/20	1000	<input checked="" type="checkbox"/> Vital signs every 5 minutes for the first 15 minutes, then every 15 minutes if stable until D/C
		<input checked="" type="checkbox"/> Continue the current I.V. solution @ _____ cc/Hr
		Continue with IV solution until _____ ml given prior to discharge.
		<input checked="" type="checkbox"/> Discontinue I.V. when stable; after dressed without N/V
		Discharge patient to aftercare facility with I.V., to be discontinued at aftercare facility
		<input checked="" type="checkbox"/> Oxygen @ 2-10 L/min via Cannula or Mask; PRN SOB O2 Sat < 92%. D/C O2 when stable, sitting without N/V/SOB
		Apply ice packs to operative area
		Elevate operative area
		Void before discharge
		<input checked="" type="checkbox"/> Assess surgical site/ dressing every 15 minutes or more frequently as needed during recovery period until discharge
		<input checked="" type="checkbox"/> Activity: As tolerated with supervision
		<input checked="" type="checkbox"/> Diet: Advance as tolerated
		<input checked="" type="checkbox"/> Medications:
		<input checked="" type="checkbox"/> Pain Medication:
		<input checked="" type="checkbox"/> Nausea Medication:
		Other:
		<input checked="" type="checkbox"/> Discharge Patient to responsible adult when stable and meets all discharge criteria
Order Noted by RN Initials: <u>LV</u> PHYSICIAN/ ANESTHESIOLOGIST SIGNATURE: <u>[Signature]</u>		

TLC Surgical Center
240 S. La Cienega, Suite 210
Beverly Hills, Ca 90211
310-882-5454

Pre- Procedure checklist and Nursing Assessment

Age: 32 Sex: ☐ Male ☒ Female Patient identification: ☒ Verbal ☐ Chart ☐ Armband ☒ ID ☒ DOB
 Language Preference: ☐ English ☐ Spanish Other: ☐ _____
 Interpreter: ☒ No ☐ Yes Name of Translator: _____ Relationship to patient: _____
 Scheduled Procedure(s): B Breast lift with 1 Breast reduction, B Werners Breast Reconstruction
 BP: 131/80 HR: 92 Temp: 98.0 Resp: 18 SpO2: 97 Wt: 170 Ht: 5'3 Pain Level 0 /10
 I.V. Started: Right/ Left: Hand with a 22 gauge needle, infusing LR/NS; site clear.
 Allergies/ Abnormal Reaction: ☒ NKA or _____
 Medications taken today prior to arrival: ☐ None, or: Gabapentin (300mg) Acetaminophen (1000mg) 0540
 Skin Condition: ☒ Dry ☒ Warm ☒ Pink ☐ Pale ☐ Cyanotic ☐ Diaphoretic ☐ Other: _____
 Abdominal Assessment: ☒ Flat ☒ Soft ☐ Firm ☐ Tender ☐ Distended ☐ Other: _____
 Physical Limitations: ☒ None ☐ Visual ☐ Mobility ☐ Auditory ☐ Language ☐ Other: _____
 LOC: ☒ Alert ☒ Calm ☒ Oriented ☐ Confused ☐ Nonverbal ☐ Agitated ☐ Other: _____
 Cognitive Evaluation: ☒ Cognizant/ aware ☐ Confused/ Unaware ☐ Other: _____
 Glucose test: ☒ No ☐ Yes, Results: _____ Time: _____ MD/ Anesthesiologist Notified: ☐ Yes Orders give: ☐ No ☐ Yes
 Neurological Problems: ☐ Yes ☒ No Diabetes ☐ Yes ☒ No Hypertension ☐ Yes ☒ No
 Bleeding Problems: ☐ Yes ☒ No Hepatitis ☐ Yes ☒ No Asthma ☐ Yes ☒ No
 Fainting/ Dizziness: ☐ Yes ☒ No Smoking ☐ Yes ☒ No Heart Disease ☐ Yes ☒ No
 Other: _____

Prior surgeries: <u>Breast reduction</u>					
Reactions to anesthesia: <input checked="" type="checkbox"/> None or describe: _____					
Pre-Op Meds Given	Time	Dose	Route	Initials	Note

Yes	No	N/A	PRE - PROCEDURE CHECKLIST:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Consents signed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. History & Physical complete.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Labs completed as ordered by physician.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Physician notified of abnormal results
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Pregnancy Test: Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Control result validated <input type="checkbox"/> Negative <input type="checkbox"/> Invalid <i>If control result is invalid inform the Clinical Supervisor ASAP</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Physical assessment is unchanged since pre-admission evaluation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Valuables (clothing, jewelry) <input type="checkbox"/> None <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Retained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Dentures/partial plates <input checked="" type="checkbox"/> None <input type="checkbox"/> Removed <input type="checkbox"/> Retained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Contact lens/glasses <input type="checkbox"/> None <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Retained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Hearing aid <input checked="" type="checkbox"/> None <input type="checkbox"/> Removed <input type="checkbox"/> Retained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other belongings: <input type="checkbox"/> None <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Retained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Voided
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Discharge instructions reviewed with patient
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Patient reports nothing to eat or drink (including water) since: <u>09:00</u> am/pm Date: <u>09/19/2023</u>
Does the patient have an Advance Directive: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Center policy explained to patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Advance Directive Forms provided and in the chart			

RN Signature: Gallant Date: 09/20/2023 Time: 0915

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 310-882-5454

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ANESTHESIA START						PRE-OP:								DATE: 06.20.23								
TIME IN OR 0750						BP: 131/60								SURGEON: SCHWARTZ								
TIME OUT 0730						HR: 62								Proposed Procedure: ① Breast lift + ② breast reconstruction + ③ tubercular breast reconstruction								
SURGERY START 0732						RR: 16								EKG:								
SURGERY STOP 0855						SPO2: 97%								CXR:								
TIME OUT OF OR 0957						ASA: 1 E B A								PMHx: Obesity								
ANESTHESIA STOP 0007						ALLERGIES: NKDA																

TIME:	(P)	•	30	-	(N)	-	30	-	(Q)	-	30	TOTALS:					
OXYGEN % L/min	10	=	2	=	2	=	2	=	2	=	2	=	10 =				
SEVO % ET																	
PROPOFOL mcg/kg/min	700	wavy	150														
PROPOFOL mg	20																
LIDOCAINE mg	60																
KETAMINE mg	20											40 mg ketamine					
MAGNESIUM mg	30																
PRECEDEX mcg	40																
VERSED mg	2											2 mg versed					
ROB/SUX mg	50																
FENTANYL mg	3																
DECADRON mg																	
ZOFRAN mg									4								
NEOSTIGM BRIDION mg											8						
GLYCOPYRRELATE mg											0.40						
PACUIN ml fentanyl	20											50 mg Fentanyl					
ANCEF mg		2	=	1													
EKG	OK		OR		JR		JR		SR		SR						
O2 Saturation %	97		99		99		99		99		99						
EtCO2	20		32		30		30		33		31						
Temp °C/F	96.2		97.9				99.0										
PATIENT POSITION	a		a		e		e		a		a						
PRE-INDUCTION:																	
HR 65																	
BP 140/79																	
SPO2 97%																	
TEMP _____																	
POST-OP:																	
HR 67																	
BP 122/61																	
SPO2 99%																	
TEMP 97.3 Katie																	
REPORT TO: Kacie																	
FLUIDS LR																	
TVLOS 400/21 — 377/20 — 374/25 (2) 377/24 410# 1500 ML																	
URINE OUTPUT																	
EBL 500 ML																	
NOTES: Pt IPV alert, Hx consent. To Dr. Asst MMIBAS, pre O2 > 5 min. JVI, at lapar t, early mark, all normal intubation. Pt positioned by team – all prep ok, all joints neutral. 2nd TV placed. Preop time end. At c sv, TUP 4/4 – fully reversed. All criteria met, pt unchained/exhausted. Airway patent. USS. To PACU. Report to RN.																	
ANESTHESIA PROVIDER						Date:						Procedure:					
[Signature]						06.20.23											

Niza Aguilar
08.02.1990

DOS 06-20-23

POST ANESTHESIA CARE ORDERS		RN Initials	Time Noted
OXYGEN			
<input checked="" type="checkbox"/> 3-10 liters per minute via facemask to maintain O2 saturation >95%	LD	1000	
<input type="checkbox"/> 2-4 liters per minute via nasal cannula to maintain O2 saturation >95%			
IV			
<input checked="" type="checkbox"/> Run current IV at: 760			
<input type="checkbox"/> Saline lock IV			
<input checked="" type="checkbox"/> D/C prior to discharge			
Pain Management – ORAL (when tolerating liquids by mouth)			
<input checked="" type="checkbox"/> Tylenol 1000mg PO <input type="checkbox"/> Tylenol 500mg PO 7e 1330			
<input checked="" type="checkbox"/> Gabapentin 300mg PO			
<input type="checkbox"/> Gabapentin 600mg PO			
<input checked="" type="checkbox"/> Percocet (Oxycodone) 5/325mg PRN pain 5/10 X 1			
Pain Management – Intravenous			
<input checked="" type="checkbox"/> Toradol 30mg PRN pain			
<input type="checkbox"/> Demerol 12.5mg PRN shivering			
<input type="checkbox"/> Dilaudid 0.2mg PRN pain may repeat Q 5 minutes, max dose 1mg, hold for RR <12			
Post-op Nausea and Vomiting			
<input checked="" type="checkbox"/> Zofran 4mg IV			
Additional Orders:			
<input checked="" type="checkbox"/> VO/RB&C (verbal order read back and confirmed)			
<input checked="" type="checkbox"/> May discharge patient when alert, vital signs stable, discharge criteria met AND evaluated by discharge practitioner			
Anesthesia Provider Signature	LD	Date/Time	6/20/23

Allergies: ☒ NKA or list:

Verbal report provided by anesthesia re: pre-op condition and anesthesia course: ☐ Yes If comments, list below.

TIME TO PACU: 1000

ADMIT CONDITION: TEMP: 97.3 BP: 122/81 P: 75 R: 14

TIME	1005	1015	1030	1045	1055	1105	1115	1125	1135	1145	1155	1205	1215	1225	1235	1245	1255	1305	1315	1325	1335	1345	1355	1405	1415	1425	1435	1445	1455	1505	1515	1525	1535	1545	1555	1605	1615	1625	1635	1645	1655	1705	1715	1725	1735	1745	1755	1805	1815	1825	1835	1845	1855	1905	1915	1925	1935	1945	1955	2005	2015	2025	2035	2045	2055	2105	2115	2125	2135	2145	2155	2205	2215	2225	2235	2245	2255	2305	2315	2325	2335	2345	2355	2405	2415	2425	2435	2445	2455	2505	2515	2525	2535	2545	2555	2605	2615	2625	2635	2645	2655	2705	2715	2725	2735	2745	2755	2805	2815	2825	2835	2845	2855	2905	2915	2925	2935	2945	2955	3005	3015	3025	3035	3045	3055	3105	3115	3125	3135	3145	3155	3205	3215	3225	3235	3245	3255	3305	3315	3325	3335	3345	3355	3405	3415	3425	3435	3445	3455	3505	3515	3525	3535	3545	3555	3605	3615	3625	3635	3645	3655	3705	3715	3725	3735	3745	3755	3805	3815	3825	3835	3845	3855	3905	3915	3925	3935	3945	3955	4005	4015	4025	4035	4045	4055	4105	4115	4125	4135	4145	4155	4205	4215	4225	4235	4245	4255	4305	4315	4325	4335	4345	4355	4405	4415	4425	4435	4445	4455	4505	4515	4525	4535	4545	4555	4605	4615	4625	4635	4645	4655	4705	4715	4725	4735	4745	4755	4805	4815	4825	4835	4845	4855	4905	4915	4925	4935	4945	4955	5005	5015	5025	5035	5045	5055	5105	5115	5125	5135	5145	5155	5205	5215	5225	5235	5245	5255	5305	5315	5325	5335	5345	5355	5405	5415	5425	5435	5445	5455	5505	5515	5525	5535	5545	5555	5605	5615	5625	5635	5645	5655	5705	5715	5725	5735	5745	5755	5805	5815	5825	5835	5845	5855	5905	5915	5925	5935	5945	5955	6005	6015	6025	6035	6045	6055	6105	6115	6125	6135	6145	6155	6205	6215	6225	6235	6245	6255	6305	6315	6325	6335	6345	6355	6405	6415	6425	6435	6445	6455	6505	6515	6525	6535	6545	6555	6605	6615	6625	6635	6645	6655	6705	6715	6725	6735	6745	6755	6805	6815	6825	6835	6845	6855	6905	6915	6925	6935	6945	6955	7005	7015	7025	7035	7045	7055	7105	7115	7125	7135	7145	7155	7205	7215	7225	7235	7245	7255	7305	7315	7325	7335	7345	7355	7405	7415	7425	7435	7445	7455	7505	7515	7525	7535	7545	7555	7605	7615	7625	7635	7645	7655	7705	7715	7725	7735	7745	7755	7805	7815	7825	7835	7845	7855	7905	7915	7925	7935	7945	7955	8005	8015	8025	8035	8045	8055	8105	8115	8125	8135	8145	8155	8205	8215	8225	8235	8245	8255	8305	8315	8325	8335	8345	8355	8405	8415	8425	8435	8445	8455	8505	8515	8525	8535	8545	8555	8605	8615	8625	8635	8645	8655	8705	8715	8725	8735	8745	8755	8805	8815	8825	8835	8845	8855	8905	8915	8925	8935	8945	8955	9005	9015	9025	9035	9045	9055	9105	9115	9125	9135	9145	9155	9205	9215	9225	9235	9245	9255	9305	9315	9325	9335	9345	9355	9405	9415	9425	9435	9445	9455	9505	9515	9525	9535	9545	9555	9605	9615	9625	9635	9645	9655	9705	9715	9725	9735	9745	9755	9805	9815	9825	9835	9845	9855	9905	9915	9925	9935	9945	9955	10005	10015	10025	10035	10045	10055	10105	10115	10125	10135	10145	10155	10205	10215	10225	10235	10245	10255	10305	10315	10325	10335	10345	10355	10405	10415	10425	10435	10445	10455	10505	10515	10525	10535	10545	10555	10605	10615	10625	10635	10645	10655	10705	10715	10725	10735	10745	10755	10805	10815	10825	10835	10845	10855	10905	10915	10925	10935	10945	10955	11005	11015	11025	11035	11045	11055	11105	11115	11125	11135	11145	11155	11205	11215	11225	11235	11245	11255	11305	11315	11325	11335	11345	11355	11405	11415	11425	11435	11445	11455	11505	11515	11525	11535	11545	11555	11605	11615	11625	11635	11645	11655	11705	11715	11725	11735	11745	11755	11805	11815	11825	11835	11845	11855	11905	11915	11925	11935	11945	11955	12005	12015	12025	12035	12045	12055	12105	12115	12125	12135	12145	12155	12205	12215	12225	12235	12245	12255	12305	12315	12325	12335	12345	12355	12405	12415	12425	12435	12445	12455	12505	12515	12525	12535	12545	12555	12605	12615	12625	12635	12645	12655	12705	12715	12725	12735	12745	12755	12805	12815	12825	12835	12845	12855	12905	12915	12925	12935	12945	12955	13005	13015	13025	13035	13045	13055	13105	13115	13125	13135	13145	13155	13205	13215	13225	13235	13245	13255	13305	13315	13325	13335	13345	13355	13405	13415	13425	13435	13445	13455	13505	13515	13525	13535	13545	13555	13605	13615	13625	13635	13645	13655	13705	13715	13725	13735	13745	13755	13805	13815	13825	13835	13845	13855	13905	13915	13925	13935	13945	13955	14005	14015	14025	14035	14045	14055	14105	14115	14125	14135	14145	14155	14205	14215	14225	14235	14245	14255	14305	14315	14325	14335	14345	14355	14405	14415	14425	14435	14445	14455	14505	14515	14525	14535	14545	14555	14605	14615	14625	14635	14645	14655	14705	14715	14725	14735	14745	14755	14805	14815	14825	14835	14845	14855	14905	14915	14925	14935	14945	14955	15005	15015	15025	15035	15045	15055	15105	15115	15125	15135	15145	15155	15205	15215	15225	15235	15245	15255	15305	15315	15325	15335	15345	15355	15405	15415	15425	15435	15445	15455	15505	15515	15525	15535	15545	15555	15605	15615	15625	15635	15645	15655	15705	15715	15725	15735	15745	15755	15805	15815	15825	15835	15845	15855	15905	15915	15925	15935	15945	15955	16005	16015	16025	16035	16045	16055	16105	16115	16125	16135	16145	16155	16205	16215	16225	16235	16245	16255	16305	16315	16325	16335	16345	16355	16405	16415	16425	16435	16445	16455	16505	16515	16525	16535	16545	16555	16605	16615	16625	16635	16645	16655	16705	16715	16725	16735	16745	16755	16805	16815	16825	16835	16845	16855	16905	16915	16925	16935	16945	16955	17005	17015	17025	17035	17045	17055	17105	17115	17125	17135	17145	17155	17205	17215	17225	17235	17245	17255	17305	17315	17325	17335	17345	17355	17405	17415	17425	17435	17445	17455	17505	17515	17525	17535	17545	17555	17605	17615	17625	17635	17645	17655	17705	17715	17725	17735	17745	17755	17805	17815	17825	17835	17845	17855	17905	17915	17925	17935	17945	17955	18005	18015	18025	18035	18045	18055	18105	18115	18125	18135	18145	18155	18205	18215	18225	18235	18245	18255	18305	18315	18325	18335	18345	18355	18405	18415	18425	18435	18445	18455	18505	18515	18525	18535	18545	18555	18605	18615	18625	18635	18645	18655	18705	18715	18725	18735	18745	18755	18805	18815	18825	18835	18845	18855	18905	18915	18925	18935	18945	18955	19005	19015	19025	19035	19045	19055	19105	19115	19125	19135	19145	19155	19205	19215	19225	19235	19245	19255	19305	19315	19325	19335	19345	19355	19405	19415	19425	19435	19445	19455	19505	19515	19525	19535	19545	19555	19605	19615	19625	19635	19645	19655	19705	19715	19725	19735	19745	19755	19805	19815	19825	19835	19845	19855	19905	19915	19925	19935	19945	19955	20005	20015	20025	20035	20045	20055	20105	20115	20125	20135	20145	20155	20205	20215	20225	20235	20245	20255	20305	20315	20325	20335	20345	20355	20405	20415	20425	20435	20445	20455	20505	20515	20525	20535	20545	20555	20605	20615	20625	20635	20645	20655	20705	20715	20725	20735	20745	20755	20805	20815	20825	20835	20845	20855	20905	20915	20925	20935	20945	20955	21005	21015	21025	21035	21045	21055	21105	21115	21125	21135	21145	21155	21205	21215	21225	21235	21245	21255	21305	21315	21325	21335	21345	21355	21405	21415	21425	21435	21445	21455	21505	21515	21525	21535	21545	21555	21605	21615	21625	21635	21645	21655	21705	21715	21725	21735	21745	21755	21805	21815	21825	21835	21845	21855	21905	21915	21925	21935	21945	21955	22005	22015	22025	22035	22045	22055	22105	22115	22125	22135	22145	22155	22205	22215	22225	22235
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DISCHARGE INSTRUCTIONS

Patient Name: Niza Aguilar Post Op Phone #: _____

1. GENERAL ANESTHESIA OR LOCAL WITH SEDATION

- ☒ Do not drive or operate any mechanical tools or devices for 24 hours
- ☒ Do not consume alcohol or aspirin containing products for 24 hours
- ☒ Do not sign any legal documents or make any important personal or business decisions for 24 hours.

2. ACTIVITY

- ☒ You are advised to go directly home and restrict your activities and rest today.
- ☒ No strenuous activities, heavy lifting or exercise until directed otherwise
- ☐ You may shower/bathe in _____ hours.

3. FLUIDS AND DIET

- ☒ Begin with clear liquids and light foods and advance as tolerated.

4. PRESCRIPTIONS

- ☒ Use as directed and discussed with surgeon
- ☒ You may resume your daily prescription medication schedule as discussed
- ☒ Do not resume COUMADIN for _____ days, unless specifically instructed.
- ☒ Do not take aspirin unless specifically instructed.
- ☒ Take all pain medication with food.
- ☒ Finish all antibiotic prescriptions until empty or otherwise instructed.

5. OPERATIVE SITE

- ☒ Keep dressing clean and dry
- ☒ Do not remove dressings or garment until seen by your doctor or until directed.
- ☒ Signs of infection are redness, swelling, temperature, and unusual drainage. Call your surgeon if these occur.

6. FOLLOW UP CARE

- ☐ Your appointment is scheduled 6/21/2023 @ 10:00am

7. SPECIAL INSTRUCTIONS

PLEASE CALL 310-882-5454 IF YOU HAVE ANY CONCERNS. If emergency call 911.

Signing below acknowledges that you have received these instructions and understood.

[Signature]
Nurse Signature

* [Signature]
Responsible Party Name/ Signature

6/20/23 11:00
Date/ Time

TLC Surgical Center
240 S. La Cienega, Suite 210
Beverly Hills, Ca 90211
310-882-5454



What Medication Will I Take for Pain Postoperatively?

While we strive to ensure you have a serene journey through surgery, it is normal to experience some discomfort following your procedure. Our goal is to provide you with a comprehensive strategy to minimize any discomfort. With a focus on patient safety, we have elected to prescribe an antibiotic for prevention of infection. Below is a list of medications commonly prescribed for your surgery. **Please let us know if you have an allergy to any of these medications.** Please call 310-882-5454 with any questions

Post-operative appointment:

Date: 6/21/2023 Time: 10:00am

****Please take a 600mg dose of Gabapentin BEFORE arrival for your post-operative visit**

STARTING THE EVENING OF YOUR SURGERY:

Acetaminophen 500mg (pain prevention) *MAX dose in 24 hours is 4000mg

Take 2 pills (1000mg)

START AT: 1:30 pm

RE-DOSE AT: 9:30 pm REPEAT EVERY 8 HOURS (rotate with Ibuprofen)

Ibuprofen 600mg (pain prevention) DO NOT TAKE IF YOU HAVE HAD GASTRIC BYPASS * MAX dose in 24 hours is 3600mg

Take 1 pills (600mg) by mouth every 8 hours (rotate with Acetaminophen)

START AT: 5:30 pm

RE-DOSE AT: 1:30 pm REPEAT EVERY 8 HOURS (rotate with Acetaminophen)

Gabapentin 300mg (pain prevention)

Take 1 pill (300mg) by mouth every 8 hours

START AT: 1:30 pm

RE-DOSE AT: 9:30 pm

***May increase to 600mg for each dose if pain is persistent**

Acetaminophen and ibuprofen should be alternated. For example, you will take acetaminophen (1000mg) at 6pm and FOUR hours later at 10pm you will take ibuprofen (600mg) - then repeat each of them 8 hours after the initial dose. This will allow you to take pain prevention medication every 4 hours.



DAY 1 POST-OP:

Acetaminophen 500mg (pain prevention) *MAX dose in 24 hours is 4000mg*
Take 2 pills (1000mg) by mouth every 8 hours
Ibuprofen 600mg (pain prevention) DO NOT TAKE IF YOU HAVE HAD GASTRIC BYPASS
Take 1 pills (600mg) by mouth every 8 hours <i>* MAX dose in 24 hours is 3600mg</i>
Gabapentin 300mg (pain prevention)
Take 1 pill (300mg) by mouth every 8 hours <i>*May increase to 600mg for each dose if pain is persistent</i> Please take a 600mg dose of Gabapentin BEFORE arrival for your post-operative visit
Cefadroxil 500mg (antibiotics)
Take 1 pill (500mg) by mouth every 12 hours <i>*make sure to take with food</i>
Colace 100mg (stool softener)
Take 2 pills by mouth, three times a day <i>*Discontinue after first bowel movement</i>
Xarelto 10mg (clot prevention) - IF PRESCRIBED
Take one pill a day by mouth

DAY 2 - 7 POST-OP:

Acetaminophen 500mg (pain prevention)
Take 2 pills (1000mg) by mouth every 8 hours <i>*MAX dose in 24 hours is 4000mg*</i>
Gabapentin 300mg (pain prevention)
Take 1 pill (300mg) by mouth every 8 hours <i>*May increase to 600mg for each dose if pain is persistent</i>
Cefadroxil 500mg (antibiotics)
Take 1 pill (500mg) by mouth every 12 hours <i>*make sure to take with food</i>
Colace 100mg (stool softener)
Take 2 pills by mouth, three times a day <i>*Discontinue after first bowel movement</i>
Xarelto 10mg (clot prevention) - IF PRESCRIBED
Take one pill a day by mouth

TAKE BELOW MEDS IF NEEDED:

Oxycodone 5mg/Acetaminophen 325mg "5/325" (treatment of pain)
Take 1 pill (5/325mg) by mouth every 4-6 hours as needed <i>*Reduce dose of Acetaminophen to 500mg if taking Oxycodone</i>