EGD
1. You may experience a mild sore throat. Throat Lozenges may relieve soreness. (Example, Sucrets, etc.)
2. Do not drive a car or operate any machinery (Lawn mower, saws, etc.) until tomorrow morning.
3. Do not make any legal decisions or drink any alcoholic beverages during the next twenty-four hours, as the medications stay in your system and may impair your judgment.
4. Any redness or swelling at the site of your IV may be relieved with a warm compress.
5. You may experience a bloated feeling for the next few hours.
6. You may resume your regular diet unless otherwise instructed by your doctor.
7. If you experience any of the following, notify your doctor.
   a. Chest pain or shortness of breath
   b. Fever or chills
   c. Coughing up blood
   d. Prolong nausea and vomiting

COLONOSCOPY/FLEXIBLE SIGMOIDOSCOPY
1. Do not drive a car or operate any machinery (Lawn mower, saws, etc.) until tomorrow morning.
2. Do not make any legal decisions or drink any alcoholic beverages during the next twenty-four hours, as the medications stay in your system and may impair your judgment.
3. Any redness or swelling at the site of your IV may be relieved with a warm compress.
4. You may experience a bloated feeling for the next few hours.
5. You may resume your regular diet unless otherwise instructed by your doctor.
6. If a polypectomy was performed, do not take Aspirin or products containing aspirin or ibuprofen such as Advil, Motrin, Bayer, or Alka Seltzer for the next 14 days. Tylenol is allowed.
7. If you experience any of the following, notify your doctor.
   a. Severe abdominal pain lasting more than one hour.
   b. Rectal bleeding
   c. Fever or chills
   d. Prolong nausea or vomiting

CONTACT TIME
The center will call between 9:30-4:00pm tomorrow

Patient's daytime telephone number ________________________

PATIENTS SIGNATURE
This signature indicates that you understand the instructions Patients Signature ________________________

PERMISSION TO GIVE DISCHARGE
I give permission for my escort to hear my discharge instructions. YES ______ NO ______

EDUCATIONAL LITERATURE GIVEN:

DOCTOR'S NAME ______________________ PHONE# __________________

DOCTORS DISCHARGE INSTRUCTIONS:

____________________________________________________

DISCHARGE TIME ______________________ Accompanied by ______________________
Escorts initials ______________________

Prescription given: Yes ______ No ______

STAFF SIGNATURE ______________________ DATE ______________

Follow up call back:

____________________________________________________

____________________________________________________

____________________________________________________