

ENDOSCOPY CENTTM
DISCHARGE INSTRUCTIONS

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 | c. Coughing up blood |
| b. Fever or chills | 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 then one hour. | c. Fever or chills |
| b. Rectal bleeding | 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:

