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# DISCHARGE INSTRUCTION SHEET

## BARIATRIC PATIENT

DISCHARGE  
ORDERS FOR:

DISCHARGING  
PHYSICIAN:

### ACTIVITY INSTRUCTIONS ( For at least the NEXT THREE WEEKS ):

- ? NO Heavy Lifting.
- ? NO Driving.
- ? NO Pills.
- ? NO Solid Foods.
- ? Walking is encouraged. Stair climbing is permitted.
- ? Showering is permitted. Pat dry the incision area.
- ? Light ( 1 or 2 lbs ) weight activities permitted, sitting in a chair using different arm motions.

### MEDICATION INSTRUCTIONS:

- ? Liquid Multi-Vitamins with Iron (twice a day).
- ? Tums (4) chewable tablets EVERY DAY for calcium supplement.
- ? Riopan Plus (1 - 2 teaspoons) as needed for belching.
- ? Tylenol with Codeine Elixir (15 - 30ml) every 4 hours as needed for pain.
- ? Use chewable Tylenol for mild pain. If allergic to Codeine, may take Morphine elixir for pain.
- ? Pepcid AC chewable over the counter (one tablet daily).

**DO NOT take pain nor arthritis medications like Advil, Aleve, Aspirin, Celebrex, Motrin, Naprosyn, nor any other non-steroidal, anti-inflammatory medication unless approved by your Surgeon.**

**CHECK with your PRIMARY CARE Doctor regarding previous medications. You may or may not be restarting them at this time.**

### NUTRITION INSTRUCTIONS:

- ? Eat 3 meals per day; no skipping of meals. Each meal should last between 30 - 45 minutes.
- ? Follow the Bariatric Diet provided by Dietician attached to this sheet.
- ? Continuously sip "zero calorie" beverages from a sports bottle. Avoid gulping.
- ? **DO NOT** drink fruit juices, alcohol, sodas (Coke, Pepsi, etc.) nor soups. Avoid sugar & fats to prevent dumping syndrome.

**CALL YOUR DOCTOR if you have any of the following: fever of > 101; severe pain; uncontrolled vomiting; difficulty swallowing; or any confusion.**

### FOLLOW UP / REFERRALS:

- ? Call to confirm your follow-up appointment within 5 days of discharge. Schedule your Vitamin B12 injections at this time.
- ? Attend the next support group meeting at the Hospital.
- ? Follow-up with the Wellness Institute to obtain your exercise & diet regimen instructions.
- ? Return to your Primary Care Doctor within 2 weeks of discharge

? Home Care: \_\_\_\_\_

### PATIENT ACKNOWLEDGEMENT:

I HAVE RECEIVED BARIATRIC PATIENT DISCHARGE INSTRUCTIONS, AND WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

PATIENT / RESPONSIBLE PERSON'S SIGNATURE:	DATE:	DISCHARGING NURSE'S SIGNATURE / TITLE:	DATE:
DISCHARGING PHYSICIAN'S SIGNATURE:	DATE:	PHYSICIAN TEL:	

**PART OF THE MEDICAL RECORD**