

## Discharge Instructions for Block Procedures

### Diet

- \_\_\_\_\_ Resume your regular diet as tolerated.
- \_\_\_\_\_ If you receive a Stellate Ganglion block, begin with liquids until able to swallow well then proceed to a soft diet.
- \_\_\_\_\_ NO ALCOHOLIC BEVERAGES TODAY.

### Activities

- \_\_\_\_\_ Do not drive, operate hazardous machinery, or make important personal or business decisions for the next 24 hours.
- \_\_\_\_\_ Avoid strenuous activity. Resume activity as directed by your physician.
- \_\_\_\_\_ The local anesthetic you received may cause weakness to your arms/legs for the next 4-6 hours and you may require assistance when walking, carrying or lifting.
- \_\_\_\_\_ Please wait until tomorrow to shower or bathe.

### Medications

- \_\_\_\_\_ You may resume your regular medications.
- \_\_\_\_\_ Take the following medications as prescribed: \_\_\_\_\_

(When taking pain medications, use caution when walking, driving, or walking up and down stairs. It is not uncommon if you experience dizziness, lightheadedness, or sleepiness.)

### Special Instructions

- \_\_\_\_\_ As the anesthetic wears off you may experience your pain again. The steroid injected in the epidural space may take 3-7 days before the effect is noticeable. A low grade temperature and body aches over the next two days is normal. However if you experience chills, fever over 101 degrees, bleeding, severe pain at procedure site, body rash, itching, or persistent nausea or vomiting, please notify your physician.
- \_\_\_\_\_ For patients who receive Stellate Ganglion Blocks: Horner's syndrome may occur with certain blocks and evidence by drooping and redness on the eye on the effected side. Hoarseness and or temporary loss of voice may occur. These are temporary symptoms and should last no more than 6-8 hours. If you should experience shortness of breath or severe chest pain, please go to an emergency room.

### Follow-Up Care

Please call your doctor in 3-5 days to report your progress or if you have any questions or problems. Your physician's phone number is \_\_\_\_\_.

The instructions above have been explained to me, and I have been given the opportunity to ask questions.

Patient or  
Responsible Adult \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Witness \_\_\_\_\_ Date/Time \_\_\_\_\_