

## PAIN MANAGEMENT PROCEDURE DISCHARGE INSTRUCTIONS

### ACTIVITY

1. Do not drive for the rest of the day.
2. You may perform moderate exercise as tolerated, unless otherwise instructed by your doctor.
3. Do not lift anything greater than 5-10 pounds for 24 hours.
4. Avoid twisting or bending.
5. You may remove the band-aid after 4 hours.

### COMFORT MEASURES

1. You may take your usual medications as directed by your doctor.
2. You may apply ice to the injection area for 20 minute intervals up to 6 times per day.
3. After the first 24 hours you may alternate with ice and heat unless otherwise instructed by your physician.

### BATHS, SHOWERS, AND WATER ACTIVITIES

1. Avoid getting the injection site wet for the first 24 hours.
2. Do not use a bath tub, hot tub or swimming pool for the first 24 hours.

### COMPLICATIONS THAT SHOULD BE REPORTED TO YOUR DOCTOR

1. Numbness, weakness, and tingling in the arms or legs lasting for more than 8 hours.
2. Temperature greater than 101degrees.
3. Nausea, headache or stiff neck
4. Difficulty or inability to urinate.
5. Excessive bleeding or drainage from the injection site.
6. Unusual swelling or redness at the injection site.
7. Transient increase in pain.
8. **For difficulty breathing or chest pain call 911 or go to nearest Emergency department.**

### SCHEDULING YOUR FOLLOW UP VISIT

1. Please call your physicians office to schedule a follow up visit approximately 10 days after your pain management procedure/injection.
2. Follow up visits should be scheduled at your regular office locations.
3. You may schedule a follow up with a physician or physicians assistant.
4. **PLEASE COMPLETE AND RETURN YOUR PAIN DIARY TO YOUR NEXT FOLLOW UP VISIT AT YOUR PHYSICIANS OFFICE OR YOU CAN FAX BACK TO CSC.**

### I ACKNOWLEDGE AND AGREE TO THE ABOVE:

PATIENT/PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If signed by someone other than patient, please state relationship: \_\_\_\_\_

RESPONSIBLE ADULT SIGNATURE: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_