



Wausau, WI

715.847.2121 ~ 800.283.2881

HOME CARE INSTRUCTIONS FOR MALIGNANT HYPERTHERMIA PATIENT

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Date: _____

DIET

Some of the sedative/anesthetic medication you received today may make you nauseated. Begin with clear liquids and then progress to solid foods as your stomach tolerates them. If you become nauseated, tea and carbonated beverages are helpful. If you have vomiting that persists, call your doctor.

SAFETY

1. You can expect to feel dizzy, weak and drowsy for as long as:
 - 24 hours after receiving general anesthetic.
 - 12 hours after receiving general sedation.
 - While taking prescription pain medicine.
2. Please follow these instructions for that time.
 - a. **DO NOT** drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways. Children should not ride on bicycles or ride on toys.
 - b. No alcoholic beverages.
 - c. Postpone signing any important papers or making any important decisions.
- 3.

WHEN TO CALL

If you experience any of the following symptoms:

1. Muscle rigidity, muscle pain or stiff jaws.
2. Increase in heart rate or breathing rate.
3. Fever.
4. Agitation, extreme sleepiness or anything that concerns you about your recovery.

WHO TO CALL

Anesthesia Office

8:00 a.m. - 4:30 p.m., Monday - Friday

Phone: 715.847.2815

On weekends and after-hours, please call Aspirus Wausau Hospital at 715.847.2121 or 800.283.2881 and ask to speak to the anesthesiologist on call.

Aspirus Day Surgery Plus

6:00 am - 7:00 pm, Mon.-Fri. / Phone: 715.847.2907

RETURN APPOINTMENT

DR:

Date/Time:

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency, please go to your nearest emergency facility.

I have discussed the above information with a nurse and my questions have been answered to my satisfaction.

Patient or Responsible Party Signature

Date/Time

RN Signature

Date/Time

