

**HOME CARE INSTRUCTIONS FOLLOWING
SPINAL ANESTHESIA**

Page 1 of 1

Date: _____

DIET

An adequate fluid intake is very important. Drink plenty of fluids. However, some of the sedation you had today may make you nauseated. Progress your diet from liquids to solid food as tolerated. If you become nauseated, tea and carbonated beverages are helpful. If you have vomiting that persists, call your doctor.

ACTIVITY

1. Rest today. Have someone assist you with walking.
- 2.

SAFETY

1. You can expect to feel dizzy, weak and drowsy for as long as:
 - 24 hours after receiving general anesthesia
 - 12 hours after receiving 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 with walking and 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. Because of the effects of the anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

WHEN TO CALL

If you experience any of the following symptoms:

1. Fever (101° or above)
2. Severe headache relieved by lying in bed
3. Return of weakness to your legs
- 4.

WHO TO CALL

Anesthesia office between 8:00 a.m. and 4:30 p.m., Monday through Friday. Telephone at 847-2815.

On weekends and hours before 8:00 a.m. or after 4:30 p.m., 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:

Phone: 715.847.2907

Open 6:00 a.m. - 7:00 p.m. (Monday - Friday)

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

