

**HOME CARE INSTRUCTIONS FOLLOWING
POST-SEDATION/GENERAL ANESTHESIA
PEDIATRIC POST-SEDATION - EGD/COLONOSCOPY**

Your child's procedure required sedation. Although your child may be awake and alert at the time of discharge, the effects of the medications may be present 12-24 hours later. Some of the side effects your child may experience are irritability, drowsiness, impaired balance and reflexes, and nausea and vomiting. If your child vomits more than three times you should call your physician. Due to the possibility of these side effects, your child should not attend daycare or school today. In fact, a quiet day at home is recommended. Please protect your child from falls, sharp objects, or other potentially dangerous situations. Your child may fall asleep on the drive home. If this occurs, it is important to maintain your child's head in a position that ensures adequate breathing.

Remember to buckle up! NO MATTER WHAT AGE YOUR CHILD IS: Do not leave unattended today: Infant, school-age, adolescent or special-needs.

The following additional considerations are based on the age of your child:

INFANTS: (Newborn to 1 year)

Feeding:

"Following the sedation period, your baby should return to his/her normal eating pattern." It is important that your baby does not become dehydrated.

TODDLERS and SCHOOL-AGE:

Precautions:

- Avoid activities that require coordination and balance such as bike riding, swimming, and other physical activities.
- Do assist your child with stair climbing.
- Do encourage a quiet day with indoor activities such as playdough, coloring, or movies.

Nutrition:

- After your child has been awake one hour and tolerated clear liquids, you may offer milk products and solid foods.
- Avoid greasy foods as this may cause nausea or vomiting. Offer fluids frequently.

ADOLESCENTS/TEENS:

Precautions:

- Do not allow your adolescent to drive, swim, ride a bike, or participate in other sports today.
- Do assist your adolescent with stair climbing as needed.

Nutrition:

- Once clear liquids have been tolerated for one hour, advance to milk products and then solids.
- Avoid greasy foods as this may cause nausea or vomiting.

CONSIDERATIONS FOR CHILDREN WITH SPECIAL NEEDS:

Precautions:

- Your child's usual challenges may be more pronounced today.
- Help your child with his/her equipment, such as wheelchair maneuvering or orthotic positioning.

Nutrition:

- Once clear liquids have been tolerated for one hour, advance to "usual" diet. We recommend you do not allow your child to eat alone today.





Wausau, WI

715.847.2121 ~ 800.283.2881

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Date: _____

COMFORT:

Gaseous discomfort is normal and expected immediately after the examination. Passing gas and belching is encouraged. Walking and/or bending the knees while lying down may help relieve the gas.

BIOPSIES AND POLYPS:

You had biopsies or a polypectomy.

Medication Restriction:

Activity restrictions:

Other Instruction:

WHEN TO CALL:

- a. Unrelieved pain, unusual abdominal or chest pain, difficulty swallowing.
- b. Black tarry stools, bloody stools, vomiting blood.
- c. Temperature over 100 degrees.
- d. Rash or any other concerns about your recovery.
- e. Blood-tinged material found on tissue after a polypectomy or biopsies are taken is unlikely to be of concern. Large amounts of blood should, however, be reported to your doctor.

WHO TO CALL:

CALL 911 IF YOUR CHILD IS NOT BREATHING

DR:

Phone:

After Hours Phone:

Aspirus Day Surgery Plus: Phone: 715.847.2907

Open: 6:00 am - 7:00 pm

(Monday - Friday)

**If your child had GASTROINTESTINAL procedure,
Doctor will call with pathology results within one
week.**

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 _____