# Pain Block Sedation Post Procedure

**Height** __________

**Weight** __________

**Allergies** __________________________________________________________

## General - Prior to Discharge

**Vital Signs**

- [X] Vital signs every 15 minutes until stable
  
  Routine, Every 15 min, Starting today, Post-Procedure

## Diet

- [ ] Other

- [X] Diet instructions to nursing
  
  Routine, Once, Starting today For 1 Occurrences, Patient my resume previous diet when awake, alert, and gag reflex present., Post-Procedure

## Other

- [ ] Other

## Discharge Instructions - AMB Orders - Post Discharge

**Discharge Instructions**

- [ ] Follow up with anesthesia in 2-4 months or PRN for pain
  
  Routine, Clinic Performed, Post-Procedure

- [ ] Follow-up primary provider
  
  Routine, Clinic Performed, Post-Procedure

- [ ] If local anesthetic used ambulate with caution for 1-2 hours as there is a high risk for falls
  
  Routine, Clinic Performed, Post-Procedure

- [ ] Restart Metformin next day
  
  Routine, Clinic Performed, Post-Procedure

- [ ] Check glucose more frequently than usual
  
  Routine, Clinic Performed, Post-Procedure

- [ ] Re-start anticoagulants
  
  Routine, Clinic Performed,

  **REQUIRED**: Medications & Restart times: ____________________

  Post-Procedur...

- [ ] If sedation given, avoid making legal decisions or driving for 12 hours
  
  Routine, Clinic Performed, Post-Procedure

- [ ] Other

**IV Fluids**

**IV Fluids**

- [X] Discontinue IV
  
  Routine, Continuous, Starting today, If no ongoing IV orders, discontinue IV if patient is stable and able to take PO liquids., Post-Procedure

- [ ] Other

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**Date:** ______  **Time:** ______  **Printed Name of Ordering Provider:** ______________________________________

**Provider Signature:** ______________________________________

**Date:** ______  **Time:** ______  **RN Acknowledged:** ______________________________________