

DISCHARGE INSTRUCTIONS FOR PATIENTS:

Procedure: _____

- **Please call our office at 512-981-7246 as soon as possible to schedule your follow-up treatment as follows:**
 - _____
- You may experience immediate pain relief after the procedure, but it oftentimes takes several days. You may experience increased soreness for a few days after your procedure. You may find improvement by applying ice to the injections sites as needed for the first day.
- Limit your activities to what you would normally do for the first 24 hours after the injection, as the initial pain relief may only be secondary to numbing medicine. Do not over-exert yourself because you “don’t hurt” during this time.
- Medications:
 - If you had a spinal cord stimulator trial, continue to hold your NSAIDS and blood thinners until after the leads are pulled.
 - If you had an afternoon procedure, you may resume your NSAIDS and blood thinners tomorrow morning.
 - If you had a morning procedure, you may resume your NSAIDS and blood thinners this evening.
 - Diabetic patients may resume their normal regimen.
- Do not operate a motor vehicle or heavy machinery for 24 hours after you received sedation.
- If you experience a fever greater than 100.4 Fahrenheit or have any questions or concerns, please contact our office at 512-981-7246.
- **PAIN DIARY:** Please enter your pain score on a scale of 0-10 (0 = No Pain and 10 = Worst pain you can imagine) hourly for the remainder of the day of the procedure and then once daily for the following week. This should be specific to the area of pain that we are trying to treat (i.e., if you have an injection for low back pain, don’t factor in headache pain). Remember, some injections are strictly diagnostic studies, and it may be expected that your pain score will return to its baseline rapidly – this is part of the testing process to make sure the long-term treatment will be appropriate for you. **Please bring this page with you to your follow-up appointment.**

<u>TIME (Day OF procedure)</u>	<u>PAIN SCORE</u>
Day 0: Prior to procedure	
Day 0: ____ : ____ AM/PM	
Day 0: ____ : ____ AM/PM	
Day 0: ____ : ____ AM/PM	
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Day 0: ____ : ____ AM/PM	
Day 0: ____ : ____ AM/PM	

<u>Days AFTER procedure</u>	<u>PAIN SCORE</u>
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	

Patient Sticker