

Section: Division of Nursing

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* **GUIDELINE** *

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MINOR PROCEDURES

(Scope)

TITLE: MINOR PROCEDURE DISCHARGE INSTRUCTIONS GUIDELINE

PURPOSE: To outline the steps for completing the minor procedure discharge instructions guideline.

SUPPORTIVE DATA: A copy of the Minor Procedure Discharge Instructions form is given to the patient to take home. Discharge instructions are not give to in-patients, but instructions for follow-up care are written on the physician's order sheet.

NATURE OF FORM: Permanent part of patient's chart.

TARGETED PATIENT POPULATION: Minor Procedure outpatient.

PLACEMENT: Minor Procedure chart.

CONTENT:

1. Patient addressograph with date included.
2. (x) if physician does not want the patient to change the dressing.
3. (x) if physician wants the patient to change the dressing and the date the physician wants the dressing to be changed is written.
4. (x) if physician wants the patient to remove the dressing and the date to be removed is written.
5. (x) when physician wants the patient to shower; a date may be added next to wording.
6. (x) if physician wants the patient to take any medication (e.g., pain medication, antibiotics) and the name, dosage, and frequency of the drug to be given is written.
7. (x) if physician wants to see the patient in the office and the date the physician wants to see the patient is written.
8. (x) if physician wants the patient to resume his regular diet and the date/time the patient can resume his regular diet is written.
9. (x) if physician permits the patient to resume his regular activities and the date the patient can resume his regular activities is written.
10. (x) if physician permits the patient to return to work or school and the date the patient may return to work or school is written.

11. (x) if physician wants the patient to rest for the remainder of the day.
12. (x) if physician does not want the patient to drive or operate machinery and the period of time to refrain from these is written.
13. (x) if physician does not want the patient to drink alcoholic beverages and the period of time to refrain from alcoholic beverages is written.
14. (x) if physician wants the patient to notify the physician if there is any unusual bleeding, drainage, pain, swelling, or fever.
15. (x) if physician wants the patient to avoid serious decisions as well as written or oral business agreements for 24 hours.
16. (x) if a specimen was taken and sent to the Laboratory for analysis and that the physician will receive the results.
17. (x) if patient had an EGD and physician wants the patient to follow the treatment for common after effects, and symptoms the patient should watch for and report to physician.
18. (x) if patient had a Colonoscopy and physician wants the patient to follow the treatment for common after effects, symptoms the patient should watch for and report to physician, and instructions the patient should follow if a polyp has been removed.
19. (x) if patient had an ERCP and physician wants the patient to follow the treatment for common after effects, and symptoms the patient should watch for and report to physician.
20. (x) if patient had a Bronchoscopy and physician wants the patient to follow the treatment for common after effects, symptoms the patient should watch for and report to physician, and instructions the patient would follow if a biopsy has been done.
21. Signature of the physician performing the procedure.
22. Signature of the RN who explains the discharge instructions to the patient.
23. Signature of the patient or Responsible party if patient has had Moderate Sedation or is unable to sign.