

Emergency Outpatient Instructions: After Sedation

The medication you were given as part of your treatment today may cause loss of feeling and pain in all or part of your body.

Local anesthesia is a numbing medicine that's injected into a specific area of the body to block the pain. Procedural sedation is when we give medicine(s) to make you sleepy, relaxed or comfortable (a sedative) while we do a medical procedure, test or treatment.

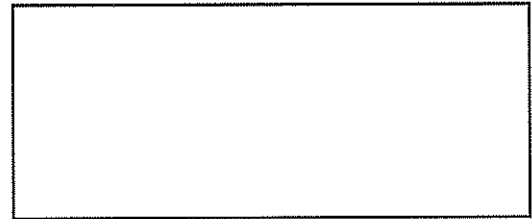
Depending on the type of procedure, a person may receive one or more different kinds of medicines. These medicines may stay in the body for up to 24 hours. During this time, thinking and reflexes may not be normal for you. Depending on what was done, other side effects may include: *sleepiness, dizziness, lightheadedness, nausea, poor balance, and discomfort to your IV site*. These side effects are normal and should disappear as the medicine wears off.

Activity Instructions:

- **DO NOT** drive a vehicle, operate machinery, or use tools for **24 hours** under any circumstances.
- **DO NOT** make any important decisions for **24 hours**.
- **DO NOT** drink alcohol or take sedatives (sleep or anxiety medications) for **24 hours** following your procedure.
- You are advised to have someone stay with you the remainder of today and overnight.
- Children must be closely supervised for **24 hours**.
- Rest and do quiet activities. Do not exercise, ride a bike, swim or play sports. Slowly return to normal daily activities as able.
- Follow your doctor's instructions for taking regular medications.

Diet Instructions:

- For adults, clear fluids are best tolerated at first. If you are not nauseated, you can slowly return to your normal diet as able.
- For children, start with sips of fluids, then return to normal diet for the child's age. Fluids are more important in the first 24 hours. For children under the age of 1, start with half of the normal feeding and slowly return to normal feeding as able.



Patient Instructions Signature Page

Discharge instructions for "after sedation" provided to the name below.

Patient Name _____

Guardian/Driver Name: _____

Guardian/Driver Signature _____

Witness: _____

Date: _____