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## DISCHARGE INSTRUCTIONS

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ FOLLOWUP: \_\_\_\_\_

In order to continue your care at home, please follow these instructions:

1. Activity Level
  - a. Do Not drive or operate machinery the day of your procedure.
  - b. Restrict your activities to rest for the remainder of the day.
  - c. Walk with assistance if your legs feel weak or numb.
2. Medications
  - a. Re-start any medications that were stopped for the procedure.
  - b. Use medications as previously ordered.
  - c. Begin any new medications that have been prescribed to you by Dr. Dalton-Bethea.
3. Injection Site
  - a. Leave the dressing or band-aid in place for 24 hours.
  - b. Use ice packs to the injection site for 20 minutes on and 20 minutes off while you are awake for comfort.
  - c. NO HEAT FOR THE FIRST 48 HOURS!!
4. Special Instructions
  - a. If you are a diabetic, please check your blood sugar levels regularly for at least 3 days. If the results are 400 or above, please notify the physician who monitors your diabetes.
  - b. Spinal Headaches can occur after a midline epidural steroid injection. If this occurs-lay ***flat*** for 24 hours and drink plenty of electrolyte solutions (Gatorade, Powerade, etc.). This typically resolves within 24-72 hours.
5. Follow-up care
  - a. Please review the FAQ section of our website. If you still have unanswered questions about your procedure, please call 336-349-5050.
  - b. Please schedule a follow-up appointment in 11-14 days if you have not already done so.
6. Specific Complications to watch for:
  - a. Fever above 101.0
  - b. Allergic Reaction: shortness of breath, hives, chest pain-Call 911 or report to the nearest emergency room.
  - c. An increase in pain for more than several days that is not relieved by your regular prescribed pain medication. (some pain and cramping is normal following injections)
  - d. Bleeding that soaks through dressing or develops at the injection site.
  - e. Excessive swelling, redness, or warmth at the injection site.
  - f. Progressive or worsening arm and/or leg weakness.

If any of these complications occur, contact our office OR report to the nearest emergency department.

Instructions given by: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the above discharge instructions.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Family/Significant Other assumes responsibility of the patient upon discharge.