



ENDOSCOPY SPECIALISTS  
 #1 CARE CIRCLE  
 AMARILLO, TX 79124  
 (806) 353-1769 FAX 353-7586

## GI LAB DISCHARGE INSTRUCTIONS Colonoscopy, Colon Procedures, EGD

Physician return appointment: Date \_\_\_\_\_ Time \_\_\_\_\_ **Vital Signs on Discharge**  
 Dr. \_\_\_\_\_ Telephone \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Pain Level \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_ (Received)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Take your medication as prescribed by your doctor. Continue usual home medications—unless otherwise instructed by your doctor.

**Pain Management:**

- Take meds as prescribed by physician.
- Call your Doctor for uncontrolled or increased pain.
- Avoid driving/operating machinery while on pain meds.
- Report any side effects to your physician.

**Activity:**

- Do not drive or operate machinery for 24 hours.
- Limit your activity for 24 to 48 hours.
- Avoid heavy lifting.

**Diet**

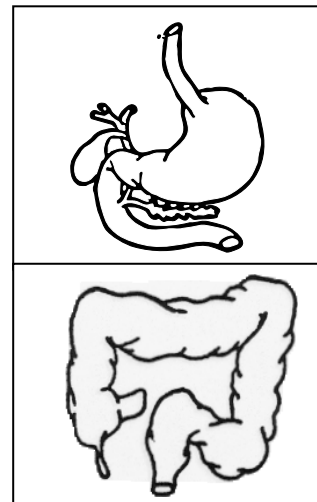
- Do not drink any alcohol for 24 hours.
- Drink plenty of other fluids.
- Avoid eating any greasy or spicy foods for your first meal.
- You may eat foods you normally eat unless otherwise instructed by your physician.

**Special Instructions:**

- Colonoscopy – Call doctor for severe abdominal pain, fever or bleeding
- EGD – Call doctor for severe abdominal pain, chest pain, fever, bleeding or vomiting blood

Any additional instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Discharge:**

- A. Method left unit:  Ambulatory  Wheelchair  Stretcher
- B. Accompanied by:  Staff  Family  Friend
- C. Destination: \_\_\_\_\_
- D. Condition:  Stable  Guarded
- E. Transported by:  Private Car  Other

I have received a copy of my discharge instructions and understand them to my satisfaction.

\_\_\_\_\_  
 Patient's Signature (or authorized Party)

\_\_\_\_\_  
 RN/LVN

Time \_\_\_\_\_ Date \_\_\_\_\_

