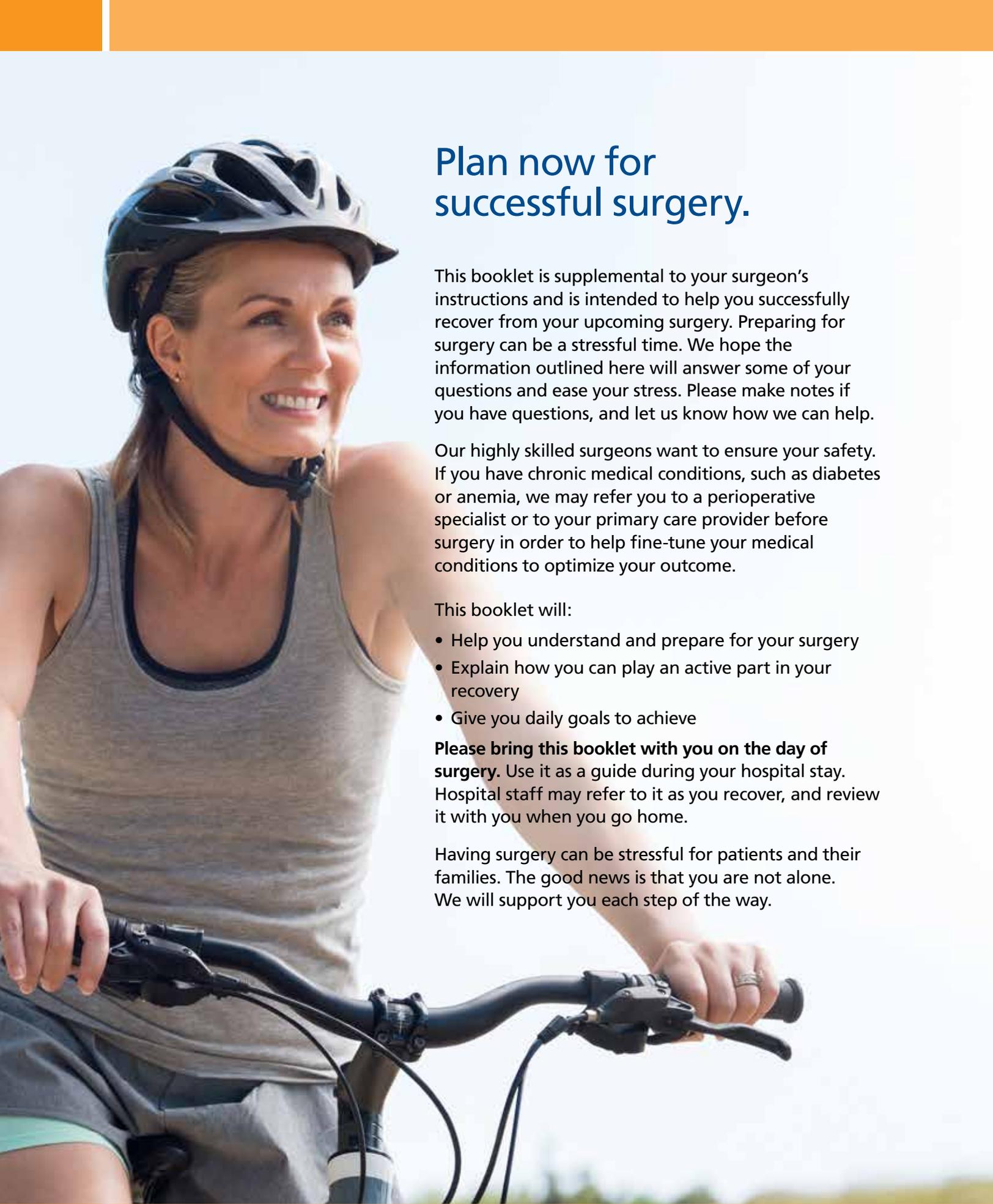


Preparing for your Gynecologic Surgery

A successful
surgery starts
with planning





Plan now for successful surgery.

This booklet is supplemental to your surgeon's instructions and is intended to help you successfully recover from your upcoming surgery. Preparing for surgery can be a stressful time. We hope the information outlined here will answer some of your questions and ease your stress. Please make notes if you have questions, and let us know how we can help.

Our highly skilled surgeons want to ensure your safety. If you have chronic medical conditions, such as diabetes or anemia, we may refer you to a perioperative specialist or to your primary care provider before surgery in order to help fine-tune your medical conditions to optimize your outcome.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Before surgery

Preparing for surgery

THE MONTH BEFORE SURGERY

TIME TO GET HEALTHY

- **Stop smoking!** This is the most important thing you can do. Stopping for at least four weeks before surgery will be greatly beneficial. This will improve your recovery and reduce the risks of surgery. Continued smoking increases your risk for infection and can lead to pneumonia after surgery. Here are resources to help you quit smoking:
 - Providence Resource Line: 503-574-6595
 - Quit for Life: 1-866-QUIT-4-LIFE
 - Providence.org/stopsmoking
 - American Lung Association: FFSONline.org
- **Stop or reduce your alcohol intake.** Eliminating alcohol four weeks prior to surgery is ideal. If you do not feel you can do this, reduce intake to one drink (5 oz wine, 1.5 oz hard alcohol, 12 oz beer) daily. If you need assistance with this, we can arrange an appointment with our specialist or your PCP. If you drink alcohol daily, or heavily, it may not be safe to simply quit. We will work with your PCP to help you reduce your intake safely.
- **Exercise!** Exercising prior to surgery can improve your recovery time and pain levels. Any type of exercise or movement is beneficial. The goal is 30 minutes, five times a week.
- **Eat well.** Good nutrition is key to a successful surgery outcome.

It's important to pay extra attention to nutrition to help you do better during and after your surgery. Small changes in food choices and eating patterns can make a big difference.

A BALANCED DIET WITH EXTRA PROTEIN CAN HELP YOU:

- Build strength to get ready for surgery
- Get better quicker after surgery
- Heal wounds and bones, and avoid infections

TIPS

- To heal, you need a healthy diet.
 - Make sure you eat and drink nutritious foods in the weeks leading up to and after your surgery.
- Eat foods from all of the food groups:
 - Protein, dairy or fortified substitutes, vegetables, grains and fruit
- Good sources of protein are fish, beans, chicken, meats or meat substitutes, milk or fortified milk substitutes, cheese, yogurt, nuts and seeds.
 - Homemade or premade nutrition drinks like Boost, Ensure or Instant Breakfast, and healthy frozen meals and snack bars can help if you don't have energy to cook.
- Aim to eat three meals a day.
 - Eat protein at every meal, especially at breakfast and after physical therapy.
 - Add one to three healthy snacks each day if you need more energy or are not healing.
 - Aim for five servings of vegetables in a rainbow of colors.
 - Aim for fats from food sources like olive oil, nuts and avocados; avoid foods with trans fats, and fatty meats, coconut oil, palm oil, butter and cream.
- Read food labels.
 - Watch for added sugars. The recommendation is not more than 6 teaspoons (25 grams) for women and 9 teaspoons (38 grams) for men per day.
 - Aim for high-fiber foods unless you have intestinal problems. High-fiber foods have 2.5 grams or more each serving.
 - Avoid trans fats.
- Discuss temporary meal assistance and social services with your nurse or doctor if you need help after surgery.

Before surgery (continued)

- If you have high blood sugar, diabetes, pre-diabetes or low blood sugar, it is important to keep your blood sugar in a safe range before and after surgery. Your doctor can connect you with experts to help you with your blood sugar.
- After surgery, if you don't feel hungry, try to eat anyway.
 - Eat smaller meals and snacks more often, and include protein foods.
 - Eat with a friend or family member. Adults who share meals together tend to eat better.
- If you are struggling to heal or manage your blood sugar, or if you are weak or underweight, talk to your doctor about a referral to a registered dietitian.

Get more details at Providence.org/nutrition.

AVOID CONSTIPATION

If you are not having a bowel movement daily, try this:

- Mix equal parts of unprocessed bran, prune juice and coarse applesauce. This can be mixed and kept in the refrigerator for one week. One to 2 tablespoons a day can help prevent constipation.
- If this does not work, try Miralax 17 grams or Colace 100 mg nightly and drink plenty of water (64 oz or 2 liters/day).

RELAX!

It is normal to feel nervous about surgery but the more relaxed you are, the better your outcomes. Techniques like breathing exercises and meditation can be helpful.

You may consider Peggy Huddleston's program Prepare for Surgery, Heal Faster. It can help you feel calmer, recover faster, have less pain and strengthen the immune system. Huddleston's book and CD can be bought online, or call Providence Cancer Institute at 503-215-6014 to access a free copy in our library.

3-4 WEEKS BEFORE SURGERY

You will have a phone call or visit with the hospital preoperative clinic and you may be asked to:

- Review your medical and surgical history
- Have labs and other necessary tests done
- Review this booklet
- Review your medications and supplements. You may be asked to discontinue certain medications (such as aspirin or other blood thinners) prior to surgery.

Sometimes, based on this visit, we will ask that you see a specialist, such as a cardiologist, to evaluate you prior to surgery.

You may receive an incentive spirometer to use before and after surgery.

How to use:

- 1) Sit on the edge of your bed or in a chair.
- 2) Hold the incentive spirometer in an upright position.
- 3) Place the mouthpiece in your mouth and seal your lips tightly around it.
- 4) **Breathe in slowly** and as deeply as possible. Notice the yellow piston rising toward the top of the column. The yellow indicator should reach the blue outlined area.
- 5) Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
- 6) **Rest for a few seconds** and repeat steps one to five at least 10 times every hour.
- 7) Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow deep breath.
- 8) After each set of 10 deep breaths, cough to be sure your lungs are clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.
- 9) Once you are able to get out of bed safely, take frequent walks and practice the cough.

1 WEEK BEFORE SURGERY

Plan now for your discharge from the hospital:

- Prepare your home. Look around your home and identify any potential hazards with being able to move and get around. You may need to rearrange your furniture. Remember you should not lift more than 10 to 15 lbs after surgery, so making sure things are in place before surgery will really help in your recovery phase.
- Coordinate with your support system (family or friends) to be available to help you during your recovery. If you feel you do not have adequate support at home, inform your surgeon, so they are aware and can provide you with information on possible resources.
- Plan your meals ahead of time. Do your grocery shopping, and prepare and freeze several meals before you come to the hospital.
- **Prior to surgery, make sure your medicine cabinet has acetaminophen and ibuprofen (if your surgeon says you can take them). You will need these for your postoperative recovery period.**
- **Fill any prescriptions that you received for your postoperative recovery period now.**

If you have experienced problems with eating or you are underweight, your doctor may also advise you to drink Impact Advance Recovery (an immunonutrition drink) three times a day, five days before and five days after your surgery. To learn more, visit Nestlehealthscience.us/brands/impact. Impact Advance Recovery is available at the following Providence locations for \$35:



- Providence Plaza Pharmacy on the campus of Providence Portland Medical Center
5050 NE Hoyt St., Suite 142, Portland, Oregon
- Providence St. Vincent Medical Office Building Pharmacy 1st Floor Lobby
9155 SW Barnes Road, Portland Oregon
- Providence Medford Medical Center, Emilie Café located on the ground floor of the hospital
1111 Crater Lake Ave., Medford, Oregon
- Cafés at Providence Newberg Medical Center, Providence Hood River Memorial Hospital, Providence Milwaukie Hospital and Providence Willamette Falls Medical Center

Outside of Providence (prices vary):

- Amazon.com
- Nestlenutritionstore.com
- CWIMedical.com

If your employer requires paperwork in order to accommodate your absence from work, send it to your surgeon's office before your surgery.

THE DAY BEFORE SURGERY

- Stay hydrated! Try to drink as much as you can the day prior to surgery. Continue to drink clear liquids (water, tea, coffee, apple juice) until two hours before arriving at the hospital. Please note: Juices with pulp and drinks with cream are not clear liquids.
- If your surgeon has ordered a bowel prep, you should follow their instructions for solid food the day before surgery.
- Do not eat anything (including solid foods, gum, candy or mints) after 10 p.m. the night before surgery (at least eight hours before your arrival time).
- Shower and wash with Hibiclens or a good antibacterial soap the evening before surgery.
- Do not shave or trim your pubic hair.
- Be sure you have everything you need at home: food, books, movies and help.
- Get some rest!

Before surgery (continued)

THE DAY OF SURGERY

Before you leave home:

- Shower according to your surgeon's instructions, using antibacterial soap or a 4% chlorhexidine gluconate (CHG) antiseptic solution, such as Hibiclens.
- Do not shave or trim your pubic hair.
- Remove jewelry, including body piercings, before coming to the hospital.
- Take your regular medications as instructed by your surgeon with a sip of water, unless you were instructed to hold these medications by your doctor.
- You may drink clear liquids until two hours before your arrival at the hospital. Clear liquids are: water, pulp-free juices (apple or cranberry), Sprite and coffee or tea without milk, cream or lemon.
- Do NOT eat anything solid on the day of surgery.
- Bring your CPAP machine to the hospital with you if you use one.

When you arrive at the hospital, check in at the surgical services desk. A nurse will bring you to the preoperative surgical area where you will:

- Have an IV placed
- Review your medications and when you last took them
- Meet your OR team
- Meet your anesthesiologist
- Have a warming gown placed to help prevent low body temperature in the operating room
- Have sequential compression devices placed on your lower legs
- Receive pain medication to help reduce your post-op pain
- WAIT ... surgical times can be unpredictable. Plan to listen to your relaxation program while waiting, or bring a book or an electronic device to ease your wait time.

DURING SURGERY

- You will likely receive a general anesthetic and possibly a nerve block that will minimize your postoperative pain.
- Your warming gown will be kept on to keep your body temperature normal during surgery.
- Your sequential compression devices will be turned on to help prevent postoperative blood clots.
- You will receive IV fluids to keep you hydrated.
- You will receive medication to help with pain and nausea.
- You will have a catheter in your bladder which will either be removed before you awaken or shortly after surgery.
- Your skin will be cleansed with an antiseptic to help prevent infection.



After surgery | IN THE HOSPITAL

After surgery, you will be taken to the Postoperative Anesthetic Care Unit (PACU). Most patients remain in the PACU for about one hour and then are either assigned a hospital room or returned to their preoperative room.

In the PACU, you will:

- Be given additional pain medication if needed
- Be given anti-nausea medicine if needed

Once you are awake, you will be moved to your recovery room where you will:

- Be given fluids to drink and food to eat once you are hungry. In some cases your surgeon may wait to have you start eating solids.
- Get out of bed (with help). Moving soon after surgery helps speed your recovery and prevents complications like blood clots and pneumonia.
- Advocate for yourself! Ask your nurses to help you get up to walk. The goal is to walk at least three times a day for 10 minutes each time.
- Be helped to the bathroom to urinate. If you are not able to empty your bladder, we may insert a small catheter. It sometimes takes a few hours for the bladder to “wake up” after surgery.
- Start using your incentive spirometer 10 times an hour to keep your lungs open.

Depending on the type of surgery you have had, you could go home as early as the day of surgery or the next day. More complex surgeries require patients to stay in the hospital for many days, in some cases for more than a week. Please discuss the anticipated length of your hospital stay with your surgeon and plan accordingly.

Pain after surgery

Pain from the incisions is normal. We do not expect you to be pain-free. It will vary from day to day and with activity level, but should gradually decrease over time. Our goal is to keep you

comfortable enough to take deep breaths, cough and move. Keeping your pain well controlled with a combination of over-the-counter medications and low-dose opiates as needed will speed your recovery. The most important component to good pain control is being proactive with pain, not reactive.

Oral pills control pain better than intravenous (IV) medication. If you are eating, IV should be the last option for pain control and only in limited situations.

If you had a laparoscopic surgery, you may have aches in your shoulders and abdomen. This is due to the carbon dioxide placed inside your abdomen during the surgery. This is harmless, and will disappear within a few days. You may also notice some small air bubbles under the skin of your abdomen or chest that crackle when pushed on. This is also normal and will resolve itself in a few days.

Crampy abdominal pain and bloating is common. This should also improve slowly over time. Eating small frequent meals (as opposed to large infrequent meals) may help prevent bloating.

Gas pains: As the bowels are recovering, it is common to get occasional sharp gas pains that travel across your abdomen. Walking will really help to alleviate this discomfort. Taking opiates for gas pains is not effective, as they come and go too fast before the medicine has time to work. Opiates also slow down bowel function and could make things more uncomfortable. Some patients feel simethicone products, like Gas-X, are effective when walking is not an option.

You will be discharged from the hospital when:

- You are able to drink fluids and eat regular food
- You are not vomiting and have only minimal nausea
- Your pain is well controlled
- You are able to get to the bathroom independently and urinate

After surgery | AT HOME

Postoperative pain management

Over-the-counter medications are very helpful at controlling postoperative pain. If you received these in the hospital, you should continue use at home until your pain improves. Acetaminophen and ibuprofen (if your surgeon approves) are the medications that reduce the inflammation that is the primary source of postoperative pain. Using these medicines as the first line of defense for pain control will significantly improve your recovery and reduce the need for opiates.

- **Acetaminophen:** 650 mg (2 pills, 325 mg each) every six hours or up to four times per day. DO NOT USE if you have liver problems. Please be aware if your prescription opiate contains acetaminophen, do not exceed 4 grams in a 24-hour period (3 grams if age 65 or older).
- **Ibuprofen:** 600 mg (3 pills, 200 mg each) every six hours or up to four times a day. Use only if instructed by your surgeon. DO NOT USE if you have kidney or stomach problems, a history of ulcers, or are over 75.

You may be discharged with prescriptions for the same or similar opiate pain pills we prescribed you in the hospital. This program should ease your pain and reduce any problems with the return of bowel function. Your opiate pain medication if prescribed (e.g., tramadol, oxycodone, Vicodin or Norco) should be used sparingly, and only if the over-the-counter medications are not adequate. Try to stop the opiates as soon as possible after surgery to avoid constipation and nausea. You should quickly wean from opiates to prevent dependency issues in the future. Use acetaminophen and ibuprofen (if able) as they are the “workhorses” for pain control because they reduce the inflammation that causes pain.

The best way to control pain is to “leapfrog” between different pain medications roughly every three hours, so that you have consistent coverage. That way, as one medication is wearing off, the other is kicking in.

If your surgeon has recommended postoperative use of acetaminophen and ibuprofen, an example schedule would be:

.....	
7 a.m.	650 mg acetaminophen (add opiate if severe pain)
.....	
10 a.m.	600 mg ibuprofen
.....	
1 p.m.	650 mg acetaminophen
.....	
4 p.m.	600 mg ibuprofen
.....	
7 p.m.	650 mg acetaminophen
.....	
Bedtime	1-2 opiate
.....	

We typically prescribe a week of opiates with the expectation that every day you will have less pain than the day prior. Opiate refill requests are not automatic and will be decided on a case-by-case basis. Ideally you should wean off opiates within a week of surgery, with pain usually improving by day three.

It is OK to use heat or ice if that helps. Use the relaxation techniques you learned preoperatively.

If you need refills that are not included with your original prescription, please call your surgeon during office hours (M-F, 9 a.m. to 4 p.m.) to request a refill. Refills will not be given on weekends or nights by the on-call physician. Allow at least 48 hours for a refill to be processed.

If you have severe abdominal pain that does not improve over time, or you have crampy abdominal pain associated with vomiting, call your surgeon.

Chronic pain medications

If you are receiving chronic pain medications (opiates), you will need to contact your prescriber and let them know you are having surgery. Your surgeon’s office will not prescribe or refill chronic pain medications, so keep in touch with your provider to make sure your baseline medications are provided by them.

Activity

- Stay active! Walking will improve your stamina and reduce postoperative complications.
- On the first day after surgery, walk at least four times for 10 minutes each. Try to increase the distance that you walk on a daily basis.
- You may find that you fatigue easily. Taking naps or rest periods one to two times a day for the first week or two will help.
- You may climb stairs as necessary.
- Avoid lifting more than 10 lbs for the next six weeks (for example, a gallon of milk is 8 lbs). Avoid any strenuous household activities, such as raking, mowing, vacuuming or anything that makes you bear down and strain your incision.
- You can add additional exercises, like biking, after two to four weeks if you are feeling well and it's approved by your surgeon. Do not do any activity that puts pressure on your pelvic floor for six weeks.
- Keep using your incentive spirometer for 10 breaths twice a day (or more) for the first two weeks.

Driving

You will need to arrange transportation home from the hospital. Please be sure you have someone to drive you home and someone to stay with you the first night after surgery.

Pain and use of opiate pain medication will impair your ability to drive safely. You may feel you are safe to drive, but stop and let someone else help you get to where you are going. **DO NOT DRIVE WITHIN 24 HOURS OF TAKING OPIATE PAIN MEDICATION.** Driving under the influence of drugs can be dangerous, and it is illegal.

Incision (wound, scar)

Wash your hands before and after you change your gauze dressing or touch your scar. Remove your bandages by postoperative day two. Unless told differently, you may shower when you feel up to it after surgery. Do not soak in water for two weeks after being discharged from the hospital. Do not scrub incisions. To clean, let soap and water flow over them but do not scrub. Make sure to rinse your body well. Pat dry with a clean towel or gauze. Keep your incision clean and dry all day. Do not use ointments, creams or lotions on incisions.

- Minor drainage of clear yellow or red-yellow fluid from the incision is normal. Thick, opaque, dark yellow fluid or redness spreading beyond the incision site on the skin may be associated with infection. Please call if this occurs.
- Bruising around an incision site is normal and will resolve on its own with time. If bruising increases in size after discharge, call your surgeon to discuss.
- You do not need to keep the incision covered, but occasionally a gauze bandage will help protect clothing if you are still having some drainage from the incision.
- If you have steri-strips, remove them in the shower one week after surgery.
- Many incisions are closed with absorbable sutures that do not need to be removed. These incisions may be covered with a surgical glue that will begin to fall off within a week or two after surgery. Once the glue begins to loosen, it is OK to peel it off. If surgical staples or nonabsorbable sutures are used, they will be removed at your follow-up visit in 10 to 18 days, depending on your specific surgery.

Most healing takes place within six weeks after surgery, but the scar will still soften over time. The final appearance of the scar may not be apparent until one year following surgery.

After surgery | AT HOME

Vaginal health

- After surgery, your surgeon may have placed a vaginal packing that will need to be removed in the hospital prior to discharge.
- Expect some scant vaginal bleeding changing to a yellow-brown discharge for up to six weeks.
- Call your surgeon if you have heavy vaginal bleeding or foul-smelling vaginal discharge.
- You may shower the day after surgery. Avoid bathing or immersing in water for two weeks and swimming for four weeks.
- Do not put anything in your vagina for eight weeks after surgery.

Nutrition

- Good nutrition is important to the healing process. Continue to follow the guidelines outlined for you preoperatively.
- Continue to avoid tobacco, alcohol, added sugars and unhealthy fats.

Avoid constipation

Surgery as well as pain medication can make you constipated. You should have your first bowel movement within two to three days. To help the process:

- Chew gum.
- Move. Walking stimulates the intestines.
- Drink plenty of water.
- Decrease the amount of opiates you are taking.
- Take Miralax 17 grams or Colace 100 mg nightly.
- If you have not had a bowel movement by postoperative day two, add Senokot 8.6 mg two times daily.
- You can also try Smooth Move tea, one to two cups per day.

- If you have not had a bowel movement by postoperative day three, add Milk of Magnesia, 1 tablespoon up to four times daily.

Enoxaparin injections

Your surgeon may have ordered medication for you that needs to be injected to help prevent blood clots after surgery. This will be injected into the skin daily or twice daily for 14 to 28 days depending on your surgery. Instruction will be provided before you are discharged from the hospital.

Urination

If you had a catheter placed into your bladder at the time of surgery, it is not unusual to experience minor discomfort during urination for several days after the catheter is removed. If this discomfort persists or worsens, call your surgeon, as this may be a sign of infection.

Occasionally the bladder does not empty properly after surgery. This is usually a temporary problem. If you are urinating small amounts frequently (every hour or so), call your surgeon. Sometimes it is necessary to replace the catheter for a few days.

There are some gynecologic procedures that require your catheter to stay in place for at least a week after surgery. Your doctor will arrange follow-up as an outpatient to remove the catheter and make sure you are able to urinate on your own.

Sleep

Major surgery and being in the hospital can disrupt sleep patterns. They usually return to normal over time. We do not routinely recommend sleep medication for home use. If you use a CPAP, be sure to use it immediately once at home.

Work

Unless otherwise instructed, employment may be resumed, as tolerated, as long as your occupation does NOT involve heavy lifting. Please ask your surgeon or the clinic about any FMLA forms that need to be filled out related to work, insurance or disability issues.

WARNING SIGNS

Please call us:

- If you have vaginal bleeding that is similar to a heavy menses
- If you have a fever (temperature >100.4)
- If you are unable to eat or drink
- If you have vomiting or severe diarrhea
- If you have not had a bowel movement by day four
- If you are unable to urinate
- If you have severe abdominal pain
- If your incision is red, open, hot or draining pus

Go to the emergency department or call 911 if you think you are experiencing a life-threatening condition.

If you have questions or concerns, call your surgeon. Most urgent medical issues can be handled by your surgeon in the clinic during regular business hours.

Calling your surgeon first may help you avoid long, unnecessary waits in the emergency department.

NOTES

My surgeon's name

My surgeon's phone number.....

My surgery will be done at

My surgery is scheduled for

I must arrive at the hospital by

Additional instructions

.....

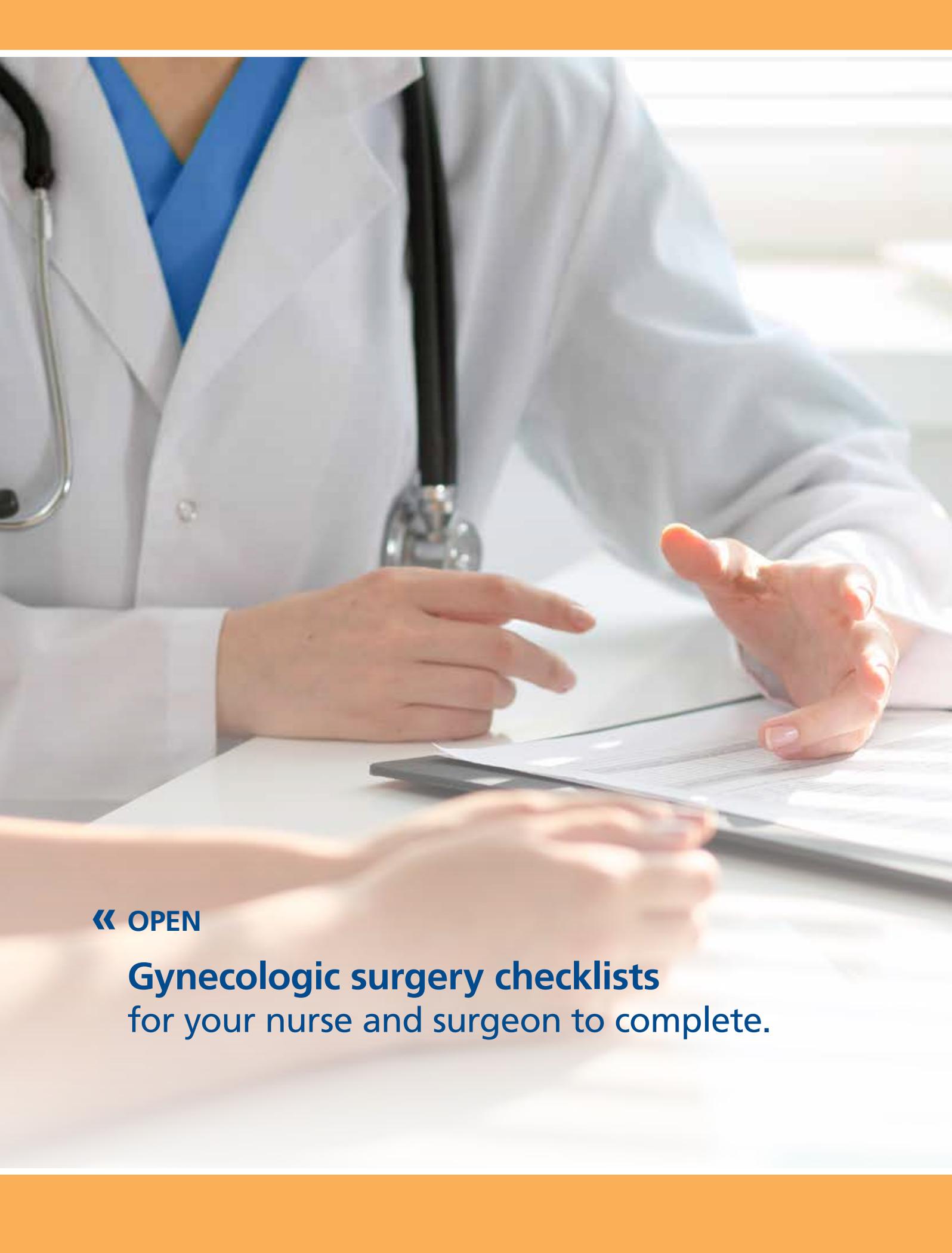
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« OPEN

Gynecologic surgery checklists
for your nurse and surgeon to complete.

Gynecologic surgery checklists

for your nurse and surgeon to complete.

SURGEON'S OFFICE
<p>Decision to Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Booklet provided <input type="checkbox"/> Referral to preoperative clinic/PAT, if required <input type="checkbox"/> Fasting glucose, hga1c, hem/hct, ferritin (treat as appropriate) <input type="checkbox"/> Consider stopping HRT/OCP <input type="checkbox"/> Previous surgery >30 days, if feasible <p>Pre-Op Visit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review booklet <input type="checkbox"/> Education <ul style="list-style-type: none"> • Constipation • Hydration plan • Discharge plan <input type="checkbox"/> Give prescriptions <input type="checkbox"/> Consider scopolamine patch <input type="checkbox"/> Check affirm (BV) (treat if +) <input type="checkbox"/> Assess VTE risk <ul style="list-style-type: none"> • Low to moderate SCDs • High SCDs and LMWH <input type="checkbox"/> Sign consent, fax to PAT <input type="checkbox"/> Complete orders and H&P in Epic or fax to PAT <p>CAREGIVER INITIALS _____</p>

PAT/PREOPERATIVE CLINIC
<ul style="list-style-type: none"> <input type="checkbox"/> Patient history/assessment <input type="checkbox"/> Medication reconciliation <input type="checkbox"/> Teaching <ul style="list-style-type: none"> • Incentive spirometry • Hydration plan • Hygiene plan • Pain scale/expectations • Medications to take/hold • Support systems • Sequence of events • Discharge plan <input type="checkbox"/> CBC/BMP (CMP >75) for all within six months of surgery (repeat sooner for clinical changes) <input type="checkbox"/> EKG for >70 (within six months) <input type="checkbox"/> HbA1c within three months DM/pre-DM/BMI >30 <p>CAREGIVER INITIALS _____</p>

PHASE II
<ul style="list-style-type: none"> <input type="checkbox"/> Encourage clear liquids <input type="checkbox"/> Advance diet as tolerated <input type="checkbox"/> Mobilize when awake within three hours of surgery <input type="checkbox"/> Saline lock as soon as taking p.o. fluids <input type="checkbox"/> Foley removed within six hours, per order <input type="checkbox"/> Incentive spirometry <input type="checkbox"/> Consider laxatives/gum <input type="checkbox"/> Monitor blood sugars, per order <input type="checkbox"/> Opiate-sparing pain regimen: give scheduled acetaminophen and ibuprofen, minimize opiates <input type="checkbox"/> Reinforce teaching <ul style="list-style-type: none"> • Pain control • Nausea control • Activity • Avoid constipation • Dressing/wound care <input type="checkbox"/> Discharge criteria met: <ul style="list-style-type: none"> • Tolerating diet without NV • Pain controlled with oral meds • Able to ambulate • Able to void <p>CAREGIVER INITIALS _____</p>

OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

OUR VALUES

Compassion, Dignity, Justice,
Excellence, Integrity



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711)