

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

ENDOSCOPY DISCHARGE INSTRUCTIONS

1. If you have been given medications to sedate you for your procedure, you must have an adult to accompany you home. These medications will impair your ability to drive - so you cannot drive until the day after the procedure.
2. A. Regular diet unless specified otherwise. Eat a small first meal of any foods that you know your body tolerates well.
Special Diet: _____
- B. Nothing to eat or drink (including water) until _____ am/pm.
3. Resume your regular activities tomorrow unless specified otherwise.
4. Check with your physician for the date you may resume taking aspirin (Motrin, Advil, Nuprin, etc.)
Date: _____

BRONCHOSCOPY

- A. Call your doctor if you experience increasing shortness of breath.
- B. You may cough up some blood tinged mucus after the procedure. This should lessen after the first 4 hours. Call your doctor if you cough up more than a tablespoon of blood.
- C. You may develop a fever during the first 24 hours. Take Tylenol for the fever. Call you doctor if the fever is over 101 degrees orally.
- D. You may experience a sore throat for 24 hours. Use a throat lozenge to relieve the sore throat.

COLONOSCOPY

- A. Notify your doctor if you:
 - a. Pass bloody or black stools.
 - b. Have constant abdominal pain.
 - c. Have a temperature over 101 degrees orally.
 - d. Have any questions or concerns.
- B. If your doctor took biopsies, your first bowel movements may show a small amount of blood (a few tablespoons). This is normal. Notify your doctor if the amount of blood appears to be more.
- C. You may experience cramping, bloating or flatulence (gas).

UPPER ENDOSCOPY AND ERCP

- A. Notify your doctor if you:
 - a. Experience persistent vomiting or if you vomit blood.
 - b. Experience severe abdominal pain or chest pain.
 - c. Develop a temperature over 101 degrees orally.
 - d. Have a sore throat lasting longer than 24 hours.
 - e. Experience shoulder pain.
 - f. Pass black, tarry stool.

Other medications and instructions: _____

If anything concerns you, please call your physician, Dr. _____ at _____
 If you are unable to reach your doctor or his associate call: **UCSF 476-1000**
 and ask for the GI fellow on call.

Return Appointment Date _____
 Day _____ Time _____ a.m. p.m.
 Phone _____ for an appointment
 Dr. _____

Instructions given by: _____ R.N. M.D. D.D.S.
 These instructions have been explained to me. I understand my responsibility to follow them and have been given a copy for my future reference.

 patient or guardian Date

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