

LOS ANGELES GENERAL MEDICAL CENTER

Post Moderate/Deep Sedation Discharge Instructions

You (the patient) were treated today with Moderate Sedation. You received medications that can have the following side effects:

- Drowsiness, dizziness, confusion, or feeling lightheaded
• Forgetfulness or impaired memory recall
• Unable to walk evenly or do hard tasks
• Changes in vision such as blurry vision or difficulty focusing

You (the patient) may feel some of these side effects or you may have mild symptoms but not notice a change in the way you feel or behave. since you received these medications, we are giving you the following instructions.

- DO NOT drive (car, bicycle, or heavy equipment) for 24 hours.
• DO NOT operate equipment for 24 hours
o Lawnmower, power equipment such as saws or drills, etc.
o Kitchen tools such as blenders; stoves
• DO NOT drink alcoholic beverages for at least 24 hours
• DO NOT make important personal or business decisions for 24 hours
• DO NOT take any medications for pain or anxiety for 24 hours unless prescribed by your physician
• DO NOT allow a child to bathe by themselves for the next 24 hours
• DO move slowly and carefully, do not make sudden movements. Be alert for dizziness or lightheadedness
• DO drink plenty of fluids (such as water or juice). You may eat a regular diet or the diet given to you by your doctor. For children, start solid food after able to drink fluids without getting sick.
• FOR INFANTS - a parent should ride next to a child in a car seat to make sure they can breathe freely. If there appears to be any difficulty with breathing or inability to awake the child, 911 should be contacted immediately.

If you (the patient) experience complications or you are having side effects mentioned above for more than 24 hours contact your physician or go to the nearest emergency room. Bring this paper with you and show the doctor or nurse caring for you.

I have received and understand these instructions.

Date: _____ Time: _____

Responsible Adult: _____
Signature Print Name Relationship to Patient

Instructions given by: _____
Name (Nurse/Doctor)

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)



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