

**DISCHARGE INSTRUCTIONS
HIP INJECTION**

NAME _____ DATE _____

1. Diet Instructions:

- Gradually resume normal diet and drink plenty of fluids.

2. Dressings:

- May remove band-aid after six hours.

3. Medications: See medication reconciliation form.

4. Appointment: _____

At Dr. Stewart's office.

5. Special Instructions:

- Check blood sugar if diabetic
- May use ice if needed to injection site.
- No heat for 48 hours.

6. Call your doctor if:

- **Temperature is greater than 101 degrees.**
- **Heavy bleeding.**
- **Uncontrolled pain not relieved by pain medication.**
- **Nausea/vomiting.**

7. PHYSICIAN PHONE NUMBER:

- **Toll Free: 1-800-322-1747**
- **Eau Claire 715-832-1400**
- **Chippewa Falls 715-723-8514**
- **Durand 715-672-4211**

OAKLEAF SURGICAL HOSPITAL PHONE NUMBER: 831-8130

A nurse from OakLeaf Surgical Hospital will be contacting you after discharge to check your progress and answer questions. If we are unable to reach you by phone, a follow-up letter will be sent to you.

Responsible Party/Driver _____

Relationship _____ Witness _____