

Neurosurgery Discharge Instructions

Physician:

Dr. Jerry Oakes
Dr. Jeffrey Blount
Dr. James Johnston
Dr. Curtis Rozzelle

Nurse:

Tammie Kerr, RN
Gigi Pate, CRNP
Nadine Bradley, RN, CPN
Treva Pickrell, CRNP

Your child's discharge diagnosis: _____

Follow-up Visit: _____ Time: _____ Clinic # _____

*To schedule/change an appointment, please call the neurosurgery office at (205) 939-9653.

*For questions regarding your child's care, each neurosurgeon's nurse is available between the hours of 8am & 4pm. Call the neurosurgery office at (205) 939-9653. Please let the receptionist know if your call is urgent.

*For emergencies/concerns after 4pm and on weekends, you may reach the neurosurgeon on call by calling the Children's Hospital operator at (205) 939-9100. The operator will page the neurosurgeon on call for you.

Notify the neurosurgery office for:

- 1) Temperature greater than 101.5
- 2) Redness, swelling, drainage from incision
- 3) ↑ Headaches irritability bulging soft spot vomiting ↑ sleepiness ↓ appetite
Difficulty voiding pain altered sensation\movement in _____

Other: _____

Wound Care:

Keep bandages on _____. Keep incision dry _____.

Activity:

As tolerated Lay flat for ____ days keep head up as much as possible to ↓ swelling

Return to school/daycare: _____

No strenuous activity, sports, or PE for: _____

Diet: Regular/Home diet

Other: ***Wash incision daily using soap and warm water. Use clean tap water to rinse incision. Do not submerge under water. Keep clean and dry.***

Medications:

___ Tylenol _____ mg by mouth every 4 hours as needed for pain.

___ Ibuprofen _____ mg by mouth every 6 hours as needed for pain.

___ Other: _____

Parent/Caregiver: _____ **Telephone Number:** _____

(Your signature indicates understanding of Neurosurgery Discharge Instructions Form)

Nurse Signature: _____ **Date/Time:** _____