

Dear Patient,

Thank you for choosing Baylor Medical Center at Uptown as your hospital of choice for your surgical needs. Our mission is to provide first-class surgical services in a safe, welcoming environment; one in which we would be happy to treat our own families. To accomplish this, we need to know what we are doing right and what needs improvement. We depend on our patients and their families to keep us informed.

Following your visit to Baylor Medical Center at Uptown, you may receive a patient satisfaction survey by Press Ganey Associates, Inc. regarding your experience. Please take a few minutes to complete this survey and return it in the postage-paid envelope. We appreciate and value your thoughts and welcome your comments.


We depend on our patients and their families to keep us informed. By sharing your thoughts and feelings about the care you received, you will help make our care better for future patients and their families. We greatly appreciate your patience with the construction occurring adjacent to the hospital. With your feedback, we will ensure that we carry our best practices into our replacement facility.

If there were particular staff who made an impression during your visit, we would be delighted to congratulate them, highlight that they made a difference in your care, and encourage more of the same. However, if at any time during your visit, our service was anything but very good and did not exceed your expectations, please contact me directly at 214-443-3040.

Thank you for your assistance in completing the survey, and please accept our best wishes for your good health.

Warmest Regards,

Matt Chance, FACHE
Chief Executive Officer

 **BAYLOR** Medical Center at Uptown



MRN: 00308392

PLOCK, ROBERT

DOB: 07/26/1968 45 Y M

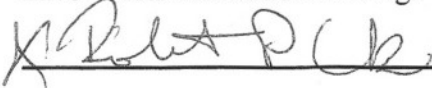
DOS: 09/26/2013 07:15

ATT: Park MD, Andrew E

FIN: MARY000004156



I PLOCK, ROBERT or PLOCK, ROBERT RESPONSIBLE PARTY, have received the patient education materials, discharge instructions, medication reconciliation, follow up appointment and have verbalized understanding:

 29-Sep-2013 12:06:27

Patient Signature

Home Medications Returned to Patient/Family:

I PLOCK, ROBERT or PLOCK, ROBERT RESPONSIBLE PARTY, have received my home medications.

 29-Sep-2013 12:06:27

Patient Signature



Toll-Free (HQ): 888-655-6339
 Facsimile (HQ): 888-977-1138
 Online: www.medexpsi.com

PATIENT PRODUCT AGREEMENT & RX

Location: _____

Date of Service: _____ Time: _____

LOC.	OFFICE CONTACT
<u>Austin</u>	(P) 512-371-1700 (F) 512-371-1754
<u>San Antonio</u>	(P) 210-545-7070 (F) 210-545-7069
<u>Houston</u>	(P) 713-465-1010 (F) 713-465-1012
<u>Corpus Christi</u>	(P) 361-855-1243 (F) 361-855-1337
<u>Dallas</u>	(P) 214-575-0441 (F) 214-570-9199

PRESCRIPTION

Place Product Sticker Here or
 Print Product Description with Make and Part #



VENAFLOW ELITE FOAM CALF CUFF

- | | |
|---|---|
| <input type="checkbox"/> Arm Sling | <input type="checkbox"/> Bedside Commode |
| <input type="checkbox"/> Shoulder Immobilizer | <input checked="" type="checkbox"/> Walker |
| <input type="checkbox"/> Aircast Foam Walker | <input type="checkbox"/> Walker w/Wheels |
| <input type="checkbox"/> Ultrasling/Slingshot | <input type="checkbox"/> Cast Guard |
| <input type="checkbox"/> Post Op Knee Brace | <input type="checkbox"/> Extension Block |
| <input type="checkbox"/> Knee Immobilizer | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Post Op Shoe | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Pneumatic Walking Boot | <input type="checkbox"/> SCPM Machine |
| <input type="checkbox"/> Non-Pneumatic Walking Boot | <input type="checkbox"/> KCPM Machine |
| <input type="checkbox"/> Cryo IC w/cuff | <input type="checkbox"/> Cryo Cooler w/cuff |
| <input checked="" type="checkbox"/> Venaflow-DVT Prevention | <input type="checkbox"/> Vascutherm |

[Internal Use Only] Equip Start Date: _____ End Date: _____

Doctor Name: _____

Doctor UPIN#: _____

Date of Injury: ____/____/____ (Required for WC)

Patient Diagnosis ICD-9 Code#: _____

Limb (Circle): LT RT N/A (Required by MDCR)

Letter of Medical Necessity

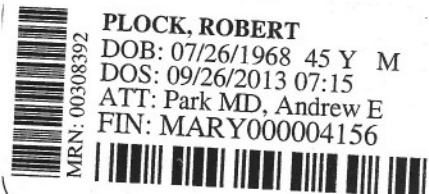
I certify that the above are required during the normal course of patient rehabilitation in order to protect the injury and/or surgical repair. This will allow the patient to resume the normal activities of daily living more quickly and at less cost. These modalities are an essential adjunct to the patient's rehabilitation. Without the use of this device, the patient will be at risk for extended rehabilitation and additional costs.

Doctor's Signature: _____ Date: 9/26/13

ORIGINAL REQUIRED BY MEDICARE

PATIENT INFORMATION (FILL OUT OR ATTACH)

Name: _____
 Billing Address: _____ Apt#: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Soc Sec #: _____ Date of Birth: _____ Sex: M F



IMPORTANT INFORMATION / TERMS & CONDITIONS

General: Medical Express, PSI is providing you with the brace, splint, support or other medical supplies that you receive during your physician visit. Our policy is to bring you the best possible products to support your doctor's prescribed rehabilitation protocol. As an additional service to you and your physician, Medical Express, PSI or its authorized subcontractor will bill your insurance company or Medicare for these products. Remember that this bill is separate from your physician's bill and if denied by your insurance company you will be responsible for payment in full of the bill. **These items are provided to you as a convenience by Medical Express, PSI. As a patient you have a choice. You are free to have this prescription filled at any pharmacy, medical supply company or licensed orthotic and prosthetic facility.**

Assignment of Benefits/Waiver of Liability: I hereby authorize payment for medical services directly to Medical Express, PSI. I represent that I have insurance coverage and do hereby authorize Medical Express, PSI to release and obtain all information necessary to secure payment of said benefits. If any insurance fails to pay Medical Express, PSI in full, I agree to pay all unpaid balances. I understand that the benefits quoted to Medical Express, PSI from my insurance company is not a guarantee of payment and that I will be responsible if the provided items are not determined reasonable or necessary by my insurance company. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered or products delivered. I have read all the information on this sheet and have completed the above information. I will notify Medical Express, PSI of any changes in my health status, change of address, phone number, etc.

Proof of Delivery: I have received the above product from Medical Express, PSI. This product was prescribed by the signing physician. I have been instructed on how to wear and maintain the product or equipment in a safe and proper manner as prescribed by my physician. I further understand that Medical Express, PSI is under regulations set forth by the Health Department and the Texas Board of Orthotics and Prosthetics. Therefore, products are under limited warranty and are non-returnable except in the event of a defective or improperly fit product. This does not include rental items. I permit a copy of this authorization to be valid as the original. I agree to use all products only in the manner for which they were intended and not to attempt to make any modifications or changes of any kind. These products are prescription only. These products are to be utilized as directed by my physician.

Patient, parent, or guardian acknowledges that he/she has read and fully understands the terms and conditions listed above and the Supplier Standards (for Medicare patients only) listed on the back of this form and agrees to be bound thereby.

**Patient/Authorized Signature: Robert P. Uk Date: ____/____/____

Baylor Medical Center at Uptown

2727 East Lemmon Avenue

Bldg I

Phone: (214) 443 – 3000

Fax: (214) 443 – 3049

Patient Information

Name: PLOCK, ROBERT **Age:** 45 Years **Date of Birth:** 26-Jul-1968

MRN: 00308392 FIN:

Reason For Visit:

Phone: (147) 791-2962

Attending Physician: Park MD, Andrew E

We would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your condition. Our entire staff strives to provide a very good experience for our patients and their families. You may receive, by mail, a survey about your experience with us. PLEASE ENSURE YOU FOLLOW THE INSTRUCTIONS BELOW!

PLOCK, ROBERT has been given a follow-up appointment, patient education materials, and instructions.

Follow-up Appointment:

With:

Andrew Park

Address:

3900 Junius Street, Suite 705 Dallas, TX 75246
(214) 370-3535 Business (1)

When:

In 2 weeks
13-Oct-2013

Comments:

Patient Education Materials:

Surgical Site Infections; Handwashing: Tips for Patients, Family, and Friends; Lumbar Fusion

(Custom)

Post-Operative Instructions For Lumbar Fusion Surgery

Diet

Resume your normal diet as tolerated.

Extensive use of pain medication can lead to constipation. High fiber diets and lots of fluids can prevent this from happening.

Medications

Use oral pain medication as directed by your surgeon or pharmacist. Do NOT drink alcoholic beverages or drive while taking this medication. Do NOT take medications on an empty stomach.

Pain medication often causes constipation and you should use a stool softener or laxative as needed.

NO Ibuprofen, Aleve or other anti-inflammatory medications until the surgeon tells you otherwise.

No anti-inflammatory for six weeks after surgery. This includes Motrin, Ibuprofen, Advil, Aleve, Celebrex, etc. Tylenol or Aspirin is okay.

Resume your regular medications unless otherwise advised.

You have been given a Medrol Dose pack to help reduce nerve inflammation. Please take as directed.

If medications (prescription and nonprescription) contain Acetaminophen/Tylenol, it is NOT safe to take more than 4 grams (4,000 milligrams) in a 24 hour time period.

Activities

Avoid lifting more than 10 pounds (about the weight of a gallon of milk).

Walking on a flat surface is encouraged, NO treadmills.

You are encouraged to get out and walk. Allow your comfort level to be your guide.

It is okay for you to begin moving your back in all directions as your comfort allows.

No bending, lifting, straining or stooping.

Avoid bending at the waist.

Be sure to practice good posture.

You may climb stairs.

Using an ice pack on your back may help decrease pain and spasms. Place a towel between your skin and the ice pack.

Do not sit in a straight back chair for more than 30 minutes at a time. Vary your activity between sitting, walking and resting.

NO driving for at least two weeks.

NO driving until released by the surgeon.

You may ride in a car but will have to take short breaks if the trip lasts longer than one hour.

Sexual activity may cause additional strain on your back. It is allowed after your incision is healed.

If you have been given a brace, it should be snug and worn at all times except when showering or in bed.

If you have a bone stimulator you must wear this 4 to 24 hours per day, depending on the type of stimulator used. See instructions given by your bone stimulator representative.

Do NOT return to work until the surgeon releases you to do so.

Wound Care

Your dressing is water proof. You may shower the day after your surgery.

Avoid scrubbing across the incision when showering and avoid direct water pressure on the incision. Do NOT use any ointments or creams on your incision.

Remove the dressing on the fourth day after surgery. No new dressing is needed if your wound is dry. If the dressing becomes saturated or loose prior to the fourth day after surgery, replace with a water proof dressing. Remove the tape strips after two weeks or when the edges become loose.

NO tub baths, swimming pools or whirlpools until after your follow up appointment.

Keep incision dry.

You may shower and wash your hair but do NOT take a tub bath.

Dressing may be changed if it becomes saturated.

If you have staples, keep the wound clean and dry. The staples will be removed in about two

weeks.

You have dissolving stitches with tape strips; do NOT remove the tape strips. They need to be in place for about two weeks.

Change your dressing every day keeping it clean and dry. Do NOT put any ointments or cleansers on the incision.

When To Call Your Surgeon

Fever over 101.5 F.

Increased numbness or tingling to your legs.

Sudden weakness in your arms or legs.

Substantial change in your back or leg pain.

Redness or swelling around the wound.

Persistent or increased drainage from the incision or drainage with a foul odor.

Any loss of control of your bowel or bladder function.

Development of a severe headache when you sit/stand up.

If you develop a rash from your water proof bandage.

Miscellaneous

It is NOT uncommon for people to still have some residual leg numbness or pain after surgery.

You will have limits of your energy level and endurance for some time after surgery. Your body is using a lot of energy to heal after surgery. Get plenty of rest.

cyclobenzaprine

(sye kloe BEN za preen)

Amrix, Comfort Pac with Cyclobenzaprine, Fexmid

What is the most important information I should know about cyclobenzaprine?

You should not use cyclobenzaprine if you are allergic to it, or if you have a thyroid disorder, heart block, congestive heart failure, a heart rhythm disorder, or you have recently had a heart attack.

Do not use cyclobenzaprine if you have taken an MAO inhibitor in the past 14 days. A dangerous drug interaction could occur. MAO inhibitors include isocarboxazid, linezolid, phenelzine, rasagiline, selegiline, and tranylcypromine.

What is cyclobenzaprine?

Cyclobenzaprine is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain.

Cyclobenzaprine is used together with rest and physical therapy to treat skeletal muscle conditions such as pain or injury.

Cyclobenzaprine may also be used for purposes not listed in this medication guide.

What should I discuss with my doctor before taking cyclobenzaprine?

Do not use cyclobenzaprine if you have taken an MAO inhibitor in the past 14 days. A dangerous drug interaction could occur. MAO inhibitors include isocarboxazid, linezolid, phenelzine, rasagiline, selegiline, and tranylcypromine.

You should not use cyclobenzaprine if you are allergic to it, or if you have:

- a heart rhythm disorder, or you have recently had a heart attack;
- congestive heart failure;
- heart block; or
- a thyroid disorder.

To make sure cyclobenzaprine is safe for you, tell your doctor if you have:

- liver disease;
- glaucoma;
- enlarged prostate; or
- problems with urination.

Older adults may be more sensitive to the side effects of this medication.

FDA pregnancy category B. Cyclobenzaprine is not expected to harm an unborn baby. Tell your doctor if you are pregnant or plan to become pregnant during treatment.

It is not known whether cyclobenzaprine passes into breast milk or if it could harm a nursing baby. Tell your doctor if you are breast-feeding a baby.

How should I take cyclobenzaprine?

Cyclobenzaprine is usually taken once daily for only 2 or 3 weeks. Follow all directions on your prescription label. Do not take this medicine in larger or smaller amounts or for longer than recommended.

Take the medicine at the same time each day.

Do not crush, chew, break, or open an extended-release capsule. Swallow it whole.

You may have unpleasant withdrawal symptoms when you stop taking cyclobenzaprine after long-term use. Ask your doctor how to avoid withdrawal symptoms when you stop using this medicine.

Cyclobenzaprine is only part of a complete program of treatment that may also include rest, physical therapy, or other pain relief measures. Follow your doctor's instructions.

Store at room temperature away from moisture, heat, and light.

What happens if I miss a dose?

Take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. **Do not** take extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222. **An overdose of cyclobenzaprine**

can be fatal.

What should I avoid while taking cyclobenzaprine?

This medication may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be alert.

Drinking alcohol can increase certain side effects of cyclobenzaprine.

What are the possible side effects of cyclobenzaprine?

Get emergency medical help if you have any of these **signs of an allergic reaction**: hives; difficult breathing; swelling of your face, lips, tongue, or throat.

Stop using cyclobenzaprine and call your doctor at once if you have:

- severe drowsiness, fast heart rate;
- tremors or shaking;
- pounding heartbeats or fluttering in your chest; or
- agitation, hallucinations, fever, overactive reflexes, nausea, vomiting, diarrhea, loss of coordination, fainting.

Common side effects may include:

- headache, dizziness;
- drowsiness, tired feeling;
- trouble concentrating;
- blurred vision, dry mouth or throat, altered sense of taste; or
- nausea, upset stomach, constipation.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What other drugs will affect cyclobenzaprine?

Taking cyclobenzaprine with other drugs that make you sleepy or slow your breathing can cause dangerous or life-threatening side effects. Ask your doctor before taking cyclobenzaprine with a sleeping pill, narcotic pain medicine, muscle relaxer, or medicine for anxiety, depression, or seizures.

This list is not complete. Other drugs may interact with cyclobenzaprine, including prescription and over-the-counter medicines, vitamins, and herbal products. Not all possible interactions are listed in this medication guide.

Where can I get more information?

Your pharmacist can provide more information about cyclobenzaprine.

Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

Every effort has been made to ensure that the information provided by Cerner Multum, Inc. ('Multum') is accurate, up-to-date, and complete, but no guarantee is made to that effect. Drug information contained herein may be time sensitive. Multum information has been compiled for use by healthcare practitioners and consumers in the United States and therefore Multum does not warrant that uses outside of the United States are appropriate, unless specifically indicated otherwise. Multum's drug information does not endorse drugs, diagnose patients or recommend therapy. Multum's drug information is an informational resource designed to assist licensed healthcare practitioners in caring for their patients and/or to serve consumers viewing this service as a supplement to, and not a substitute for, the expertise, skill, knowledge and judgment of healthcare practitioners. The absence of a warning for a given drug or drug combination in no way should be construed to indicate that the drug or drug combination is safe, effective or appropriate for any given patient. Multum does not assume any responsibility for any aspect of healthcare administered with the aid of information Multum provides. The information contained herein is not intended to cover all possible

uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have questions about the drugs you are taking, check with your doctor, nurse or pharmacist.

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acetaminophen and hydrocodone

(a SEET a MIN oh fen and hye droe KOE done)

Anexsia, Co-Gesic, Hycet, Liquicet, Lorcet 10/650, Lorcet Plus, Lortab 10/500, Lortab 2.5/500, Lortab 5/500, Lortab 7.5/500, Lortab Elixir, Maxidone, Norco, Polygesic, Stagesic, Vicodin, Vicodin ES, Vicodin HP, Xodol, Zamicet, Zolvit, Zydone

What is the most important information I should know about acetaminophen and hydrocodone?

Tell your doctor if you have ever had alcoholic liver disease (cirrhosis) or if you drink more than 3 alcoholic beverages per day. You may not be able to take medicine that contains acetaminophen.

Do not take more of this medication than is recommended. **An overdose of acetaminophen can damage your liver or cause death.** Tell your doctor if the medicine seems to stop working as well in relieving your pain.

Hydrocodone may be habit-forming and **should be used only by the person it was prescribed for.** Keep the medication in a secure place where others cannot get to it.

Ask a doctor or pharmacist before using any other cold, allergy, pain, or sleep medication. Acetaminophen (sometimes abbreviated as APAP) is contained in many combination medicines. **Taking certain products together can cause you to get too much acetaminophen which can lead to a fatal overdose.** Check the label to see if a medicine contains acetaminophen or APAP.

This medication may impair your thinking or reactions. Avoid driving or operating machinery until you know how acetaminophen and hydrocodone will affect you.

Avoid drinking alcohol. It may increase your risk of liver damage while taking acetaminophen.

What is acetaminophen and hydrocodone?

Hydrocodone is an opioid pain medication. An opioid is sometimes called a narcotic.

Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone.

The combination of acetaminophen and hydrocodone is used to relieve moderate to severe pain.

Acetaminophen and hydrocodone may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking acetaminophen and hydrocodone?

Do not use this medication if you are allergic to acetaminophen (Tylenol) or hydrocodone.

Tell your doctor if you have ever had alcoholic liver disease (cirrhosis) or if you drink more than 3 alcoholic beverages per day. You may not be able to take medicine that contains acetaminophen.

To make sure you can safely take acetaminophen and hydrocodone, tell your doctor if you have any of these other conditions:

- asthma, COPD, sleep apnea, or other breathing disorders;
- liver or kidney disease;
- a history of head injury or brain tumor;
- low blood pressure;
- a stomach or intestinal disorder;
- underactive thyroid;
- Addison's disease or other adrenal gland disorder;
- curvature of the spine;
- mental illness; or
- a history of drug or alcohol addiction.

Hydrocodone may be habit forming and should be used only by the person it was prescribed for. **Never share acetaminophen and hydrocodone with another person, especially someone with a history of drug abuse or addiction.** Keep the medication in a place where others cannot get to it.

FDA pregnancy category C. It is not known whether this medication is harmful to an unborn baby, but it could cause breathing problems or addiction/withdrawal symptoms in a newborn. Tell your doctor if you are pregnant or plan to become pregnant while using this medication.

Acetaminophen and hydrocodone can pass into breast milk and may harm a nursing baby. Do not use this medication without telling your doctor if you are breast-feeding a baby.

How should I take acetaminophen and hydrocodone?

Take exactly as prescribed. **Never take acetaminophen and hydrocodone in larger amounts, or for longer than recommended by your doctor. An overdose of acetaminophen can damage your liver or cause death.**

One acetaminophen and hydrocodone tablet may contain up to 750 mg of acetaminophen. Know the amount of acetaminophen in the specific product you are taking.

Follow the directions on your prescription label. Tell your doctor if the medicine seems to stop working as well in relieving your pain.

Measure liquid medicine with a special dose-measuring spoon or medicine cup, not with a regular table spoon. If you do not have a dose-measuring device, ask your pharmacist for one.

Drink 6 to 8 full glasses of water daily to help prevent constipation while you are taking acetaminophen and hydrocodone. Ask your doctor about ways to increase the fiber in your diet. Do not use a stool softener (laxative) without first asking your doctor.

Do not stop using this medicine suddenly after long-term use, or you could have unpleasant withdrawal symptoms. Ask your doctor how to avoid withdrawal symptoms when you stop using acetaminophen and hydrocodone.

Acetaminophen can cause false results with certain lab tests for glucose (sugar) in the urine. Talk to your doctor if you are diabetic and you notice changes in your glucose levels during treatment.

If you need surgery, tell the surgeon ahead of time that you are using acetaminophen and hydrocodone. You may need to stop using the medicine for a short time.

Store at room temperature away from moisture and heat.

Keep track of the amount of medicine used from each new bottle. Oxycodone is a drug of abuse and you should be aware if anyone is using your medicine improperly or without a prescription.

Always check your bottle to make sure you have received the correct pills (same brand and type) of medicine prescribed by your doctor. Ask the pharmacist if you have any questions about the medicine you receive at the pharmacy.

What happens if I miss a dose?

Since acetaminophen and hydrocodone is taken as needed, you may not be on a dosing schedule. If you are taking the medication regularly, take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. **Do not** use extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222. **An overdose of acetaminophen and hydrocodone can be fatal.**

The first signs of an acetaminophen overdose include loss of appetite, nausea, vomiting, stomach pain, sweating, and confusion or weakness. Later symptoms may include pain in your upper stomach, dark urine, and yellowing of your skin or the whites of your eyes.

Overdose symptoms may also include extreme drowsiness, pinpoint pupils, cold and clammy skin, muscle weakness, fainting, weak pulse, slow heart rate, coma, blue lips, shallow breathing, or no breathing

What should I avoid while taking acetaminophen and hydrocodone?

This medication may impair your thinking or reactions. Avoid driving or operating machinery until you know how acetaminophen and hydrocodone will affect you.

Ask a doctor or pharmacist before using any other cold, allergy, pain, or sleep medication. Acetaminophen (sometimes abbreviated as APAP) is contained in many combination medicines. **Taking certain products together can cause you to get too much acetaminophen which can lead to a fatal overdose.** Check the label to see if a medicine contains acetaminophen or APAP.

Avoid drinking alcohol. It may increase your risk of liver damage while taking acetaminophen.

What are the possible side effects of acetaminophen and hydrocodone?

Get emergency medical help if you have any of these **signs of an allergic reaction:** hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Call your doctor at once if you have any of these serious side effects:

- shallow breathing, slow heartbeat;
- feeling light-headed, fainting;
- confusion, fear, unusual thoughts or behavior;
- seizure (convulsions);
- problems with urination; or
- nausea, upper stomach pain, itching, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes).

Less serious side effects may include:

- anxiety, dizziness, drowsiness;
- mild nausea, vomiting, upset stomach, constipation;
- headache, mood changes;

- blurred vision;
- ringing in your ears; or
- dry mouth.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What other drugs will affect acetaminophen and hydrocodone?

Do not take acetaminophen and hydrocodone with any other narcotic pain medications, sedatives, tranquilizers, sleeping pills, muscle relaxers, or other medicines that can make you sleepy or slow your breathing. Dangerous side effects may result.

Tell your doctor about all other medicines you use, especially:

- an antidepressant such as amitriptyline (Elavil, Vanatrip, Limbitrol), doxepin (Sinequan), nortriptyline (Pamelor), and others;
- an MAO inhibitor such as furazolidone (Furoxone), isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam, Zelapar), or tranylcypromine (Parnate);
- atropine (Donnatal, and others), benztropine (Cogentin), dimenhydrinate (Dramamine), glycopyrrolate (Robinul), mepenzolate (Cantil), methscopolamine (Pamine), or scopolamine (Transderm-Scop);
- bladder or urinary medications such as darifenacin (Enablex), flavoxate (Urispas), oxybutynin (Ditropan, Oxytrol), tolterodine (Detrol), or solifenacin (Vesicare);
- a bronchodilator such as ipratropium (Atrovent) or tiotropium (Spiriva); or
- irritable bowel medications such as dicyclomine (Bentyl), hyoscyamine (Anaspaz, Cystospaz, Levsin, and others), or propantheline (Pro-Banthine).

This list is not complete and other drugs may interact with acetaminophen and hydrocodone. Tell your doctor about all medications you use. This includes prescription, over-the-counter, vitamin, and herbal products. Do not start a new medication without telling your doctor.

Where can I get more information?

Your pharmacist can provide more information about acetaminophen and hydrocodone.

Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

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about the drugs you are taking, check with your doctor, nurse or pharmacist.

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Allergies:

No Known Allergies

Medications to be taken upon discharge:

Your Physician provided you with a complete list of medications post discharge, if you have been instructed to stop taking a medication please ensure you notify your Primary Care Physician.

acetaminophen-hydrocodone (acetaminophen-hydrocodone 325 mg-5 mg oral tablet) 1 tabs, Oral, every 6 hours, Refills: 0

cyclobenzaprine (cyclobenzaprine 10 mg oral tablet) 1 tabs, Oral, 3 times a day, As Needed, for spasm, Refills: 0

ibuprofen (ibuprofen 800 mg oral tablet) 1 tabs, Oral, 3 times a day, Refills: 0

tramadol (tramadol 50 mg oral tablet) 1 tabs, Oral, every 4 hours, Refills: 0

Any specific questions regarding your medications and dosages should be discussed with your physician(s) and pharmacist.

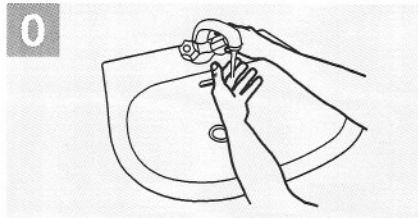
Comment:

How to Handwash?

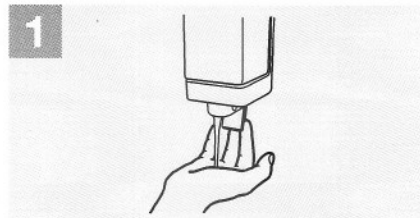
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



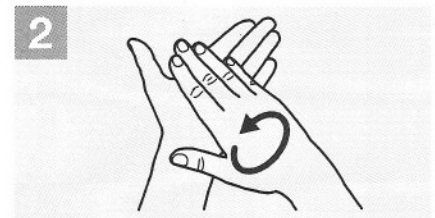
Duration of the entire procedure: 40-60 seconds



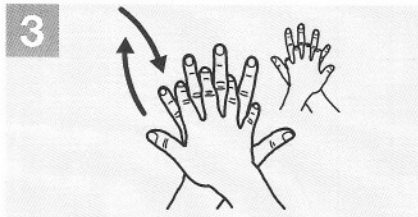
Wet hands with water;



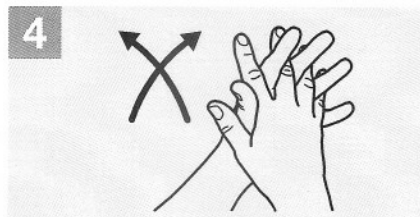
Apply enough soap to cover all hand surfaces;



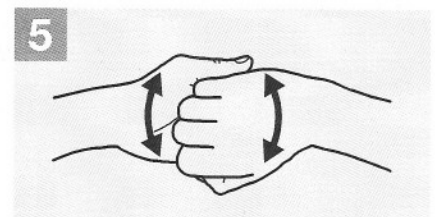
Rub hands palm to palm;



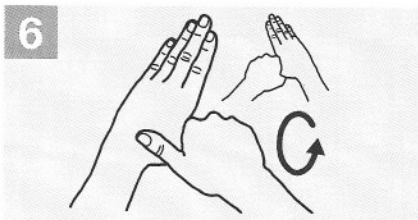
Right palm over left dorsum with interlaced fingers and vice versa;



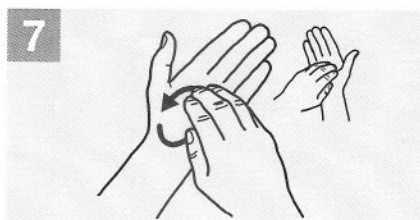
Palm to palm with fingers interlaced;



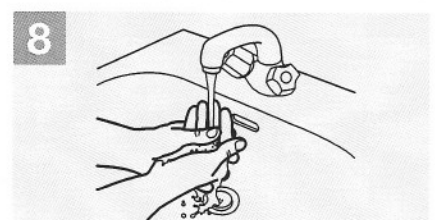
Backs of fingers to opposing palms with fingers interlocked;



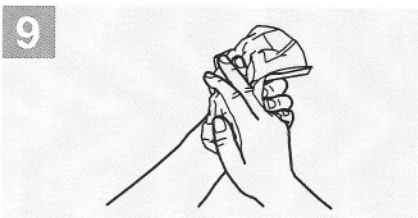
Rotational rubbing of left thumb clasped in right palm and vice versa;



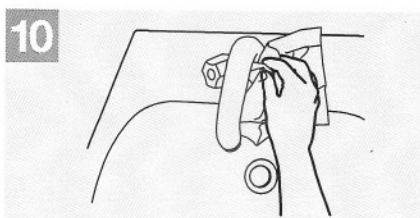
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



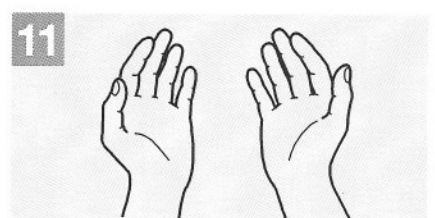
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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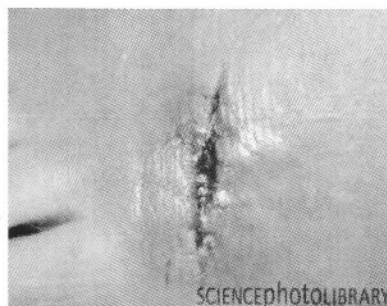
May 2009

BAYLOR Medical Center at Uptown

Notify your surgeon for the following problems:



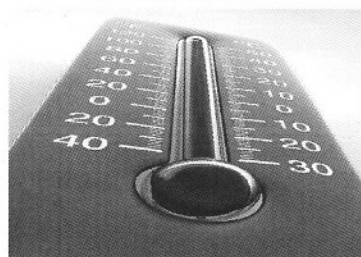
Increased pain unrelieved by pain medicine.



Redness and excessive bleeding at the incision site.



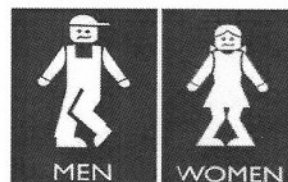
**Increased drainage and swelling;
One limb larger than the other;
swelling in calf and thigh; Edema.**



**Fever or temperature
101°F**



Persistent nausea and vomiting.



**No urination within 12 hrs
of discharge: constipation
unrelieved by laxative or
stool softeners.**



**Allergic reaction
(itching, swelling or shortness breath)**



Shortness of breath

Your Surgeon is _____

Telephone number: _____

IN CASE OF EMERGENCY, PLEASE DIAL 911