



HYPERTROPHIC PYLORIC STENOSIS  
**DISCHARGE INSTRUCTIONS**

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

DISCHARGE TEACHING/INSTRUCTIONS:						
Call Surgeon if: <ul style="list-style-type: none"> <li>• Temp &gt; 101.5° F</li> <li>• Incision site has increased in redness, swelling or has foul-smelling drainage</li> <li>• Pain is not relieved by medication</li> <li>• Signs of dehydration are present – fewer wet diapers per day, fontanel (soft spot) appears sunken, no tears are present with crying</li> <li>• Vomiting occurs more than three times in a row or lasts longer than 48 hours after discharge</li> </ul> <p>* Daytime phone number: 513-636-4371          ** Night and weekend phone number: 513-636-4200 and ask for the surgery resident on call</p>						
BATHING: No tub baths for 2 days Do not remove steri-strips, allow them to fall off						
ACTIVITY RESTRICTIONS: None						
RETURN TO DAYCARE: One week						
DISCHARGE WEIGHT: _____ kg						
DISCHARGE DIET: <input type="checkbox"/> Breastfeed on demand <input type="checkbox"/> Formula not to exceed 3 oz. every 3 hours for first three days after discharge, then may advance slowly as tolerated.						
DISCHARGE MEDICATIONS	DOSE	FREQUENCY	NEXT DOSE DUE AT	DURATION	ROUTE	DRUG INTERACTIONS DISCUSSED
Acetaminophen Infant Drops (80mg/0.8mL)	mL	Every 4-6 hrs. Not to exceed 5 doses in 24 hrs		As needed for pain	By mouth	<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
						<input type="checkbox"/> N/A <input type="checkbox"/> YES
FOLLOW UP APPOINTMENTS OR TESTS:						
WHO:		WHERE:		PHONE NUMBER:	WHEN:	PARENT TO SCHEDULE?
Pediatric Surgery (Dr. _____)				(513) 636-4371	2 weeks	<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
EQUIPMENT LIST (LIST ONLY THE EQUIPMENT HERE)						
None						
I HAVE REVIEWED AND UNDERSTAND THESE INSTRUCTIONS:						
PARENT/GUARDIAN SIGNATURE:						DATE:
NURSE SIGNATURE:		VERIFIED IDENTIFICATION OF PARENT/GUARDIAN:	TIME OF DISCHARGE	DATE:		