

# My Calendar: Recover Safely and Quickly | Follow these steps before and after your surgery

Anesthesia Appointment: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Location: \_\_\_\_\_ Postoperative Appointment: \_\_\_\_\_

	Night Before Surgery	Morning of Surgery	4-6 hours After Surgery	First Day After Surgery	2nd Day After Surgery and Days After
<b>Pain Control</b> 	<input type="checkbox"/> Continue medications, as instructed	<input type="checkbox"/> Continue medications, as instructed	<input type="checkbox"/> <b>In hospital:</b> Communicate your pain level to the nurse <input type="checkbox"/> <b>At home:</b> Take medications as instructed - Focus on non-narcotic pain control - Take narcotic medications only as needed	<input type="checkbox"/> <b>In hospital:</b> Communicate your pain level to the nurse <input type="checkbox"/> <b>At home:</b> Take medications as instructed - Focus on non-narcotic pain control - Take narcotic medications only as needed	<input type="checkbox"/> <b>In hospital:</b> Communicate your pain level to the nurse <input type="checkbox"/> <b>At home:</b> Take medications as instructed - Focus on non-narcotic pain control - Take narcotic medications only as needed
<b>Oral Care</b> 	<input type="checkbox"/> Brush and floss teeth <input type="checkbox"/> Use mouthwash	<input type="checkbox"/> Brush and floss teeth <input type="checkbox"/> Use mouthwash		<input type="checkbox"/> Brush teeth <input type="checkbox"/> Use mouthwash	<input type="checkbox"/> Brush and floss teeth <input type="checkbox"/> Use mouthwash
<b>Skin Care</b> 	<input type="checkbox"/> Shower <input type="checkbox"/> Use skin wipes, if provided <input type="checkbox"/> Do not shave at surgical site	<input type="checkbox"/> Use skin wipes, if provided <input type="checkbox"/> Do not shave at surgical site <input type="checkbox"/> Do not wear makeup, lotion, perfume, hair products, or any jewelry	<input type="checkbox"/> Follow wound care instructions	<input type="checkbox"/> Follow wound care instructions	<input type="checkbox"/> Follow wound care instructions
<b>Diet</b> 	<input type="checkbox"/> Do NOT eat solid food after 11PM <input type="checkbox"/> Drink only clear fluids (water, no-pulp apple juice, sports drinks)	<input type="checkbox"/> Drink a carbohydrate drink (sports drink or water) 2 hours prior to check-in <input type="checkbox"/> Drink time: _____ Finish it within 15 minutes	<input type="checkbox"/> Eat solid foods as tolerated or instructed by your surgeon <input type="checkbox"/> Drink liquids	<input type="checkbox"/> Eat solid foods as tolerated or instructed by your surgeon <input type="checkbox"/> Drink liquids	<input type="checkbox"/> Eat solid foods as tolerated or instructed by your surgeon <input type="checkbox"/> Drink liquids
<b>Activity</b> 	<input type="checkbox"/> Your usual routine <input type="checkbox"/> Do not smoke any substances <input type="checkbox"/> Do not drink alcohol	Check-in time: _____ <input type="checkbox"/> Your usual routine <input type="checkbox"/> Do not smoke any substances <input type="checkbox"/> Do not drink alcohol <input type="checkbox"/> Bring picture ID and Kaiser Permanente card <input type="checkbox"/> Bring form of payment <input type="checkbox"/> Bring list of medications <input type="checkbox"/> Bring this calendar	<input type="checkbox"/> Walk with assistance 20 ft. OR Do upper body exercises <input type="checkbox"/> Raise head of bed 30 degrees <input type="checkbox"/> Use Incentive Spirometer at least 6 times per hour when awake, if applicable	<input type="checkbox"/> Walk 5 times at least 20 ft. OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do upper body exercises <input type="checkbox"/> Use Incentive Spirometer at least 6 times per hour when awake, if applicable	<input type="checkbox"/> Walk 5 times at least 20 ft. OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do upper body exercises <input type="checkbox"/> Be out of bed for 6 hours, if applicable <input type="checkbox"/> Use Incentive Spirometer at least 6 times per hour when awake, if applicable
<b>Additional Instructions</b> 	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

\* These instructions are general guidelines to assist you through your surgical journey, and do not take place of any instructions from your surgeon. If you have any questions, please ask your surgeon.