



DISCHARGE INSTRUCTIONS – DIAGNOSTIC INTRATHECAL/SPINAL INJECTIONS

Patient Name:

Date:

Injectate:

Level:

Pain Scores

| | Pain at Rest x/10 | Pain with Activity x/10 | | Pain at Rest | Pain with Activity x/10 | Pain at night & ability to sleep |
|----------|-------------------|-------------------------|--------|--------------|-------------------------|----------------------------------|
| Before | | | Day 1 | | | |
| 30 mins | | | Day 2 | | | |
| 60 mins | | | Day 3 | | | |
| 2 hours | | | Day 4 | | | |
| 3 hours | | | Day 5 | | | |
| 4 hours | | | Day 6 | | | |
| 5 hours | | | Day 7 | | | |
| 6 hours | | | Day 8 | | | |
| 8 hours | | | Day 9 | | | |
| 12 hours | | | Day 10 | | | |
| 18 hours | | | Day | | | |

INSTRUCTIONS.

1. Use ice packs on injection site(s) to reduce swelling, bruising and discomfort for 1-2 days.
2. Report any unexpected redness, inflammation or swelling or temperature above 38°C.
3. Report to the clinic any severe or persistent nausea, vomiting, severe headache (constant or positional), new fluid retention/ankle swelling, excessive drowsiness or breathing problems (rate less 8 breaths per minute).
4. Report any profound weakness or numbness occurring after discharge from hospital.
5. Resume all routine home medications. Use other pain killers only as directed by your pain specialist.
6. Routine activities may be resumed, slowly increase as tolerated.



Did you experience any of the following new side effects?

| Drug | Itching | Ankle swelling | Sweating / flushing | Breathing problems | Nausea /Vomit | Headache | Sedation | Urine Difficulty | Numbness Weakness |
|------|---------|----------------|---------------------|--------------------|---------------|----------|----------|------------------|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |

Did you or did you think could accomplish your goals? (answer yes or no)

| Drug | Goal1 | Goal2 | Goal3 | Goal4 | Goal5 |
|----------|-------|-------|-------|-------|-------|
| Describe | | | | | |
| | | | | | |
| | | | | | |

Was the procedure helpful (circle response) YES / NO

How much relief? (0-100% relief) :

Comments:

EMERGENCY CONTACT:

If you have any questions, concerns or problems, call (03) 9770 0522 during office hours. For after hours' emergencies, make your way to the nearest Hospital Emergency Department. Should you be unable to contact our clinic, please call your local doctor or if the problem is urgent attend the nearest Hospital Emergency Department.



DISCHARGE INSTRUCTIONS – TEMPORARY CATHETER & AMBULATORY PUMP

The drug trial may be continued at home to see how you cope with your normal activities and side effects. The following instructions need to be followed for your safety.

EPIDURAL, SPINAL/INTRATHECAL CATHETER OR PUMP SIDE PORT ACCESS WITH EXTERNAL PUMP

1. Check temperature with a thermometer 2-4 times per day. Report any elevation above 38°C.
2. Use ice packs on wounds to reduce swelling, bruising and discomfort for 1-2 days. Report any unexpected redness, inflammation or swelling.
3. Report to the clinic any severe, persistent nausea, vomiting, severe headache (constant or positional), excessive drowsiness or breathing problems (rate less 8 breaths per minute).
4. Report any profound weakness or numbness occurring after discharge from hospital. Protect and support of the affected area if weakness or paralysis occurs.
5. Resume all routine home medications. Use other pain killers only as directed by your pain specialist.
6. Don't get the pump or dressings wet. Sponge baths only, no showers, baths, swimming or soaking.
7. Routine activities may be resumed, slowly increase as tolerated. No strenuous activities.
8. **Do not** drive a car or operate machinery or make important decisions within 12h of a new drug.
9. Your pump will need to be refilled at weekly intervals during this trial.

Rate the severity of your usual pain and sleep interference using a 0-10 scale, twice-daily with each trial drug.

| Solution | Time | Lying | Sitting | Standing | Walking | Sleeping |
|----------|---------|-------|---------|----------|---------|----------|
| Before | | | | | | |
| | Day1-am | | | | | |
| | Day1-pm | | | | | |
| | Day2-am | | | | | |
| | Day2-pm | | | | | |
| | Day3-am | | | | | |
| | Day3-pm | | | | | |
| | Day4-am | | | | | |
| | Day4-pm | | | | | |
| | Day5-am | | | | | |
| | Day5-pm | | | | | |



| | | | | | | | |
|--|---------|--|--|--|--|--|--|
| | Day6-am | | | | | | |
| | Day6-pm | | | | | | |
| | Day7-am | | | | | | |
| | Day7-pm | | | | | | |

During the Ambulatory Trial did you experience any of the following new side effects?

| Drug | Itching | Ankle swelling | Sweating / flushing | Breathing problems | Nausea /Vomit | Headache | Sedation | Urine Difficulty | Numbness Weakness |
|------|---------|----------------|---------------------|--------------------|---------------|----------|----------|------------------|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |

During the Trial did you or thought you could accomplish your goals? (answer yes or no)

| Drug | Goal1 | Goal2 | Goal3 | Goal4 | Goal5 |
|----------|-------|-------|-------|-------|-------|
| Describe | | | | | |
| | | | | | |
| | | | | | |

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DISCHARGE INSTRUCTIONS – POST INSERTION SPINAL DRUG PUMP & CATHETER

POST IMPLANTATION:

After implantation surgery the pump is programmed and medication adjusted by your pain specialist to control your pain/spasticity. It may take several months of adjustment to obtain the best possible pain relief. Please follow your prescribed activity plan and progressively resume your desired activities as tolerated. It is usually safe to return to sedentary work in 2 weeks, more vigorous activities in 4 weeks and most people wanting to work have found and returned to work within 4-6 months.

THE FOLLOWING INSTRUCTIONS NEED TO BE FOLLOWED FOR YOUR SAFETY.

IMPLANTED INTRATHECAL CATHETER WITH INTERNAL PUMP

1. Use ice packs on wounds to reduce swelling, bruising and discomfort for 1-2 days. If your pump has been implanted in the abdomen, wearing bicycle shorts or a corset over the pump may help reduce swelling. Please bring a suitable item when you come into hospital.
2. Check temperature if wound redness or headache report any elevation over 38°C
3. Report unexpected wound redness, inflammation or swelling as this may indicate infection..
4. Report to the clinic any severe, persistent nausea, vomiting, neck stiffness, severe headache (constant or positional), excessive drowsiness or breathing problems (rate less 8 breaths per minute while awake).
5. Report any profound weakness or numbness occurring after discharge from hospital. Protect and support of the affected area if weakness or paralysis occurs.
6. Showers may begin 24hours after implantation – keep wounds dry. No tub baths, swimming or soaking until wound healed.
7. Resume all routine home medications. Use other pain killers only as directed.
8. Routine activities may be resumed, slowly increase as tolerated. No strenuous activities.
9. **Do not** drive a car until comfortable, minimise driving in first 2-3 weeks. Watch position of seat belt.
10. Please make an appointment to see your pain specialist in 2 weeks. Please make an earlier appointment if necessary.
11. Your pump will need to be refilled on:



In the 3 months since the device was implanted, have you had any of the following side effects?

| IT Drug | Itching | Ankle swelling | Sweating / flushing | Breathing problems | Nausea /Vomit | Headache | Sedation | Urine Difficulty | Numbness Weakness |
|---------|---------|----------------|---------------------|--------------------|---------------|----------|----------|------------------|-------------------|
| | | | | | | | | | |
| | | | | | | | | | |

In the 3 months Since the device was implanted have you accomplished your goals?
(answer yes or no)

| Drug | Goal1 | Goal2 | Goal3 | Goal4 | Goal5 |
|----------|-------|-------|-------|-------|-------|
| Describe | | | | | |
| | | | | | |
| | | | | | |

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