



CHIPPEWA VALLEY
ORTHOPEDICS AND
SPORTS MEDICINE

www.cvosm.com

JOSE A. PADILLA, MD
Orthopedic Surgeon

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757 LAKELAND DR. STE B
CHIPPEWA FALLS WI 54729
TEL 715.723.8514

DISCHARGE INSTRUCTIONS HIP INJECTION

NAME _____ DATE _____

1. Diet Instructions:

- Gradually resume normal diet and drink plenty of fluids.

2. Dressings:

- May remove band-aid after six hours.

3. Medications: See medication reconciliation form.

4. Appointment: _____

At Dr. Padilla's office.

5. Special Instructions:

- Check blood sugar if diabetic
- May use ice if needed to injection site.
- No heat for 48 hours.

6. Call your doctor if:

- Temperature is greater than 101 degrees.
- Heavy bleeding.
- Uncontrolled pain not relieved by pain medication.
- Nausea/vomiting.

7. PHYSICIAN PHONE NUMBER:

- Toll Free: 1-800-322-1747
- Eau Claire 715-832-1400
- Chippewa Falls 715-723-8514
- Durand 715-672-4211

OAKLEAF SURGICAL HOSPITAL PHONE NUMBER: 831-8130

A nurse from OakLeaf Surgical Hospital will be contacting you after discharge to check your progress and answer questions. If we are unable to reach you by phone, a follow-up letter will be sent to you.

Responsible Party/Driver _____

Relationship _____ Witness _____