



Post-Surgery Recovery Checklist

Patient Information

- **Patient Name:** _____
 - **Date of Surgery:** _____
 - **Type of Surgery / Procedure:** _____
 - **Surgeon / Practice:** _____
 - **Follow-Up Appointment Date:** _____
 - **Primary Caregiver (if applicable):** _____
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Immediate Post-Discharge (First 24–72 Hours)

- Discharge instructions reviewed and understood
 - Transportation home arranged (no driving if restricted)
 - Responsible adult present if required
 - Pain level monitored and recorded
 - Nausea, dizziness, or confusion monitored
 - Fluids encouraged as tolerated
 - Light meals tolerated
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Medications

- Prescription medications filled
- Medication schedule written and visible
- Pain medication taken as directed (do not exceed dose)
- Antibiotics taken for full prescribed course (if applicable)
- Stool softeners / anti-nausea meds used if prescribed
- Medication side effects monitored

Medication Notes: _____

Wound & Incision Care

- Wound care instructions reviewed
- Dressings changed as instructed
- Incision kept clean and dry

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- Signs of infection monitored (redness, warmth, drainage)
 - Sutures / staples care understood
 - Showering / bathing rules followed
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Pain & Comfort Management

- Pain assessed regularly
 - Ice or heat used only if approved
 - Proper positioning supported
 - Rest balanced with gentle movement
 - Sleep environment optimized
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Activity & Mobility

- Activity restrictions understood
 - Lifting limits followed
 - Walking or movement encouraged as instructed
 - Physical therapy started if ordered
 - Assistive devices used correctly
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Nutrition & Hydration

- Hydration maintained
 - Diet advanced gradually as tolerated
 - Protein intake supported for healing
 - Constipation prevention addressed
 - Alcohol avoided if restricted
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Monitoring for Complications

Contact your provider or seek urgent care if any of the following occur:

- Fever or chills
 - Increasing pain not relieved by medication
 - Excessive bleeding or swelling
 - Signs of infection at incision site
 - Shortness of breath or chest pain
 - Persistent vomiting
 - New numbness or weakness
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Follow-Up & Ongoing Care

- Follow-up appointment scheduled
 - Questions prepared for surgeon
 - Work / school restrictions documented
 - Medical paperwork completed
 - Care plan updated as recovery progresses
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Caregiver Checklist (If Applicable)

- Medication schedule followed
 - Mobility assistance provided
 - Wound care completed correctly
 - Symptoms observed and recorded
 - Communication with healthcare team maintained
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Emotional & Mental Well-Being

- Mood and emotional changes acknowledged
 - Pain or sleep affecting mental health addressed
 - Support system engaged
 - Expectations for recovery discussed
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Emergency & Contact Information

- **Surgeon / Office Phone:** _____
 - **After-Hours Contact:** _____
 - **Nearest Emergency Room:** _____
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Notes & Daily Observations

Acknowledgment

This checklist is intended to support recovery and will be updated as healing progresses.

- **Patient / Caregiver Name:** _____

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