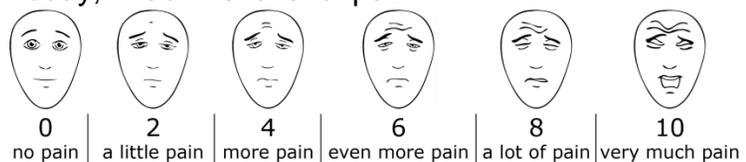


# My Daily Goals After Surgery

Complete this worksheet each day. Fill in each box for the day.

Date of Surgery: _____	Day of Surgery	After Surgery (✓ if done)				
		Day 1	Day 2	Day 3	Day 4	Day 5
<b>Moving around</b>						
I sat on the side of the bed for 10 to 15 minutes.						
I did my deep breathing and coughing exercises 10 times every hour while I was awake.						
I sat in a chair for <b>all</b> my meals.	X					
I sat in a chair at times other than for meals.						
I was up for a walk at least this many times.	1 time <input type="checkbox"/>	2 times <input type="checkbox"/>	2 or more <input type="checkbox"/>			
<b>Eating and drinking</b>						
I drank at least 4 cups (1 litre or 1000mLs) of liquid today.						
I ate at least half of the food on my meal trays.	X					
I chewed gum at least 3 times today (especially for abdominal surgery).						
<b>Nausea</b> (Fill in box with your numbers)						
I threw up (vomited) today. 0=not at all 1=one time 2=two times 3=three or more times						
I felt sick to my stomach enough that it limited activities like getting out of bed or going for a walk. 0=not at all 1=sometimes 2=often 3=all the time						
<b>Going to the toilet (bowel and bladder)</b>						
My catheter has been taken out.	X					
I am passing gas (passing wind from the back passage).						
I had a bowel movement (a poop) today.						
<b>Pain</b> (Fill in box with your numbers)						
Today, I had this level of pain. <sup>1</sup>						
	At rest					
	With activity					

\* Family – Please help complete this worksheet if needed \*

Give this worksheet to your nurse the day you go home

## Keeping healthy after surgery...



**Clean your teeth and mouth 2 to 4 times every day.**



**Keep head of bed at 30 degrees and foot of bed at 15 degrees, unless instructed not to do so.**



**Sit on the edge of the bed as soon as you can.**  
Sit in a chair for meals or sit up in bed.  
Always clean your hands before eating or drinking.



**Walk 3 or more times every day.**  
If pain prevents you from getting up, ask for pain medication.



**Do deep breathing and coughing at least 10 times every hour.**



**Wear non-slip shoes or socks when up.**  
Never try to get up on your own if you are unsteady.  
Call a nurse to help.



**Ask for your urinary catheter to be removed, if you have one.**



**Use the toilet (or bedside commode) to empty your bladder or bowels.**  
Wipe from front to back.  
Always clean your hands afterwards.

<sup>1</sup> Faces Pain Scale – Revised (FPS-R). [www.iiasp-pain.org/fpsr](http://www.iiasp-pain.org/fpsr). Copyright © 2001, International Association for the Study of Pain®. Reproduced with permission.