



What zone am I in?

| | Green Zone You are in control | Yellow Zone Take action today during business hours* (8am – 5pm) | Red Zone Take action now Proceed to Emergency Dept. |
|---------------------------------------|---|---|--|
| Do I have pain and swelling? | My pain is under control and I have no significant increase in swelling. | My activity is limited due to increased pain and/or swelling. | I am unable to perform activities due to uncontrolled pain and/or swelling. |
| How is my incision? | My dressing is clean, dry and without new drainage and/or blood. | My incision is red and there is increased drainage and/or blood on my dressing. | My incision is swollen, reddened, there is increased drainage and/or bleeding and/ or a foul odor. |
| Do I have a fever? | No, I do not have a fever. | My temperature is 100° or less. | My temperature is greater than 100°. |
| Do I have a blood clot? | I feel well today. I have no swelling in my feet or legs and/or I have no calf pain and/or No difficulty breathing | I do not feel well, something is not right. I have minor swelling in my feet or legs and/or I have minor tenderness in my calf | I do not feel well and I am very worried about myself. I have swelling in my feet or legs and/or My calf(s) are tender/warm to touch |
| How is my diet and elimination? | My eating is normal, I have had a bowel movement since discharge and I am urinating normally. | I am nauseated, have a decreased appetite and/or have not had a bowel movement since discharge. | I am vomiting, fatigued or have a decreased appetite. |

^{*}If you are in the YELLOW, someone will contact you within 2 business days. If you feel you cannot wait, please proceed to the Emergency Department.

Call 911 Immediately If You Have:

- Chest pain
- Extreme shortness of breath
- Heaviness in chest
- Signs and symptoms of a stroke (face drooping, arm weakness, difficulty with speech)
- You feel you need immediate attention

Tips to help communicate medical concerns to your provider:

1. Say who you are.

- · Give your full name and birth date.
- If you are not the patient, say how you know the patient.

2. Say what you are being treated for at the time.

- Date and type of surgery
- Surgeon

3. Say why you are calling.

- I am calling because I have a question regarding...
- I am calling because I am in the Yellow or Red Zones.
- · I am calling to report a problem or change.
- I am calling because I have a concern with my medication. State preferred pharmacy.

Follow-up instructions and notes: