

# Head and Neck Surgery Pathway: Reconstruction Inside Your Mouth (Radiation Before Surgery)

These are goals for your recovery. Your experience may not follow this pathway exactly. Your doctor or nurse will tell you what to expect.

Surgery date: \_\_\_\_\_ Expected discharge date: \_\_\_\_\_

Before Surgery	
<b>What tests, procedures, and medical devices should I expect?</b>	<ul style="list-style-type: none"> <li>• Presurgical testing appointment:               <ul style="list-style-type: none"> <li>- Bring a list of all medications you take.</li> <li>- Bring results from medical tests done outside of MSK.</li> <li>- Your nurse practitioner may order more tests, appointments, or both.</li> </ul> </li> </ul>
<b>What medications will I take?</b>	<ul style="list-style-type: none"> <li>• Ask your doctor when to stop taking blood thinners. Examples include:               <ul style="list-style-type: none"> <li>- Aspirin</li> <li>- Nonsteroidal anti-inflammatory drugs (NSAIDs)</li> <li>- Herbal supplements</li> </ul> </li> <li>• Follow your surgical team’s instructions for taking other medications.</li> </ul>
<b>Which team members will I see?</b>	<ul style="list-style-type: none"> <li>• Head and Neck surgeon</li> <li>• Plastic surgeon</li> <li>• Speech and Swallow therapist</li> <li>• Dietitian</li> <li>• Dentist</li> <li>• Social worker, case manager, or both</li> <li>• Tobacco Cessation nurse (if you smoke or recently quit)</li> </ul>
<b>What should I do?</b>	<ul style="list-style-type: none"> <li>• Follow the instructions in your surgical guide.</li> <li>• Stop smoking.</li> <li>• Tell your surgical team if you drink alcohol.</li> <li>• Plan your ride home after surgery.</li> <li>• Sign up for MyMSK (the MSK patient portal).</li> <li>• The day before surgery:               <ul style="list-style-type: none"> <li>- Wash with Hibiclens® if your surgical team tells you to.</li> <li>- Don’t eat or drink anything after midnight.</li> </ul> </li> </ul>

**Notes:**

## Day of Surgery

<p><b>What tests, procedures, and medical devices should I expect?</b></p>	<ul style="list-style-type: none"> <li>• Placed before surgery:                             <ul style="list-style-type: none"> <li>- Intravenous (IV) line in a vein</li> <li>- Compression boots on your legs</li> </ul> </li> <li>• Placed during surgery:                             <ul style="list-style-type: none"> <li>- Urinary (Foley®) catheter in your urethra</li> <li>- If needed, vacuum dressing over your donor site</li> <li>- Bandage over your skin graft, if you have one</li> <li>- Tracheostomy tube and humidifier</li> <li>- Feeding tube in your nose</li> <li>- Tubes and drains in your incision</li> <li>- Arm splint or ankle stabilizing (CAM) boot, if needed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• After surgery, you will have all of these devices when you wake up.</li> </ul>
<p><b>What medications will I take?</b></p>	<ul style="list-style-type: none"> <li>• Before surgery, take only the medications your surgical team told you to take. Take them with a small sip of water.</li> </ul>	<ul style="list-style-type: none"> <li>• After surgery, you will get pain medication, medication to prevent nausea, and antibiotics.</li> </ul>
<p><b>Which team members will I see?</b></p>	<ul style="list-style-type: none"> <li>• Before surgery, your Head and Neck surgery team and Plastic surgery team will mark your surgical site.</li> </ul>	
<p><b>What should I do?</b></p>	<ul style="list-style-type: none"> <li>• The morning before surgery, wash with Hibiclens if your surgical team tells you to.</li> </ul>	<ul style="list-style-type: none"> <li>• After surgery, use your incentive spirometer 10 times each hour you're awake. You will get an adaptor that connects to your tracheostomy tube.</li> </ul>

**Notes:**

- While you're in the hospital:
- Your Head and Neck surgery and Plastic surgery teams will visit your room every day.
  - If you have a skin graft, your nurse will change the bandage every day.
  - You will wear compression boots while you're in bed.
  - Tell your nurse if your pain isn't controlled.

	1 Day After Surgery	2 Days After Surgery
<b>What tests, procedures, and medical devices should I expect?</b>	<ul style="list-style-type: none"> <li>Your urinary catheter will be removed when you move to your hospital room.</li> <li>You will get nutrition through your feeding tube, unless you feel very nauseous.</li> <li>Your nurse will check your free flap for a Doppler signal every hour. This is to make sure blood is flowing.</li> <li>Your nurse will suction your tracheostomy tube often. This keeps your airway clear.</li> </ul>	<ul style="list-style-type: none"> <li>You will get nutrition through your feeding tube.</li> <li>Your nurse will check your free flap for a Doppler signal every hour.</li> <li>Your nurse will suction your tracheostomy tube often.</li> </ul>
<b>What medications will I take?</b>	<ul style="list-style-type: none"> <li>In the Post Anesthesia Care Unit (PACU), you will get pain medication through your IV. You will control the medication with a button (PCA).</li> <li>When you move to your hospital room, you will start getting liquid pain medication through your feeding tube instead.</li> <li>Antibiotics</li> <li>Daily medications</li> </ul>	<ul style="list-style-type: none"> <li>Pain medication through your feeding tube (as needed)</li> <li>Antibiotics</li> <li>Daily medications</li> </ul>
<b>Which team members will I see?</b>	<ul style="list-style-type: none"> <li>Dietitian</li> <li>Physical therapist or occupational therapist, if needed</li> </ul>	<ul style="list-style-type: none"> <li>Physical therapist or occupational therapist, if needed</li> </ul>
<b>What should I do?</b>	<ul style="list-style-type: none"> <li>You won't be able to speak for a few days after surgery. You will communicate with the staff and your visitors by writing on a communication board and using an iPad speaking app. Your nurse will bring you these things.</li> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Sit in your chair for most of the day. A staff member will help you move.</li> <li>Walk at least 1 lap around the nursing unit. A staff member will help you.</li> </ul>	<ul style="list-style-type: none"> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Sit in your chair for most of the day.</li> <li>Walk at least 2 to 3 laps around the nursing unit. A staff member will help you.</li> </ul>

	3 Days After Surgery	4 Days After Surgery
What tests, procedures, and medical devices should I expect?	<ul style="list-style-type: none"> <li>• A treatment room staff member will clean your mouth with an oral spray. They will use a tool that sprays liquid, like one used by a dentist.</li> <li>• You will get nutrition through your feeding tube.</li> <li>• Your nurse will check your free flap for a Doppler signal every 2 hours.</li> <li>• Your nurse will suction your tracheostomy tube often.</li> </ul>	<ul style="list-style-type: none"> <li>• A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>• You will get nutrition through your feeding tube.</li> <li>• Your nurse will check your free flap for a Doppler signal every 2 hours.</li> <li>• Your nurse will suction your tracheostomy tube often.</li> </ul>
What medications will I take?	<ul style="list-style-type: none"> <li>• Chlorhexidine (Peridex®) mouthwash (4 times)</li> <li>• Pain medication through your feeding tube (as needed)</li> <li>• Antibiotics</li> <li>• Daily medications</li> </ul>	<ul style="list-style-type: none"> <li>• Chlorhexidine mouthwash 4 times (4 times)</li> <li>• Pain medication through your feeding tube (as needed)</li> <li>• Antibiotics</li> <li>• Daily medications</li> </ul>
Which team members will I see?	<ul style="list-style-type: none"> <li>• Physical therapist or occupational therapist, if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Physical therapist or occupational therapist, if needed</li> </ul>
What should I do?	<ul style="list-style-type: none"> <li>• Clean your mouth with a baking soda and water mixture (4 times). Your nurse will show you how.</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk at least 3 to 4 laps around the nursing unit. A staff member will help you.</li> </ul>	<ul style="list-style-type: none"> <li>• Clean your mouth with baking soda and water (4 times).</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>

	5 Days After Surgery	6 Days After Surgery
What tests, procedures, and medical devices should I expect?	<ul style="list-style-type: none"> <li>• A member of your Head and Neck surgery team will change your tracheostomy tube.</li> <li>• A member of your Plastic surgery team will remove your vacuum dressing. Your donor site will be covered with a Vaseline® gauze dressing.</li> <li>• A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>• You will get nutrition through your feeding tube.</li> <li>• Your nurse will check your free flap for a Doppler signal every 4 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Your nurse will change your donor site dressing.</li> <li>• A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>• You will get nutrition through your feeding tube.</li> <li>• Your nurse will check your free flap for a Doppler signal every 4 hours.</li> </ul>
What medications will I take?	<ul style="list-style-type: none"> <li>• Chlorhexidine mouthwash (4 times)</li> <li>• Pain medication through your feeding tube (as needed)</li> <li>• Antibiotics</li> <li>• Daily medications</li> </ul>	<ul style="list-style-type: none"> <li>• Chlorhexidine mouthwash (4 times)</li> <li>• Pain medication through your feeding tube (as needed)</li> <li>• Daily medications</li> </ul>
Which team members will I see?	<ul style="list-style-type: none"> <li>• Physical therapist or occupational therapist, if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Swallow therapist</li> <li>• Physical therapist or occupational therapist, if needed</li> </ul>
What should I do?	<ul style="list-style-type: none"> <li>• Start capping your tracheostomy tube, if you can.</li> <li>• Clean your mouth with baking soda and water (4 times).</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>	<ul style="list-style-type: none"> <li>• Do speech and swallow exercises. Your speech and swallow therapist will show you how. You may start speaking today.</li> <li>• Keep your tracheostomy tube capped.</li> <li>• Clean your mouth with baking soda and water (4 times).</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>

	7 Days After Surgery	8 Days After Surgery
What tests, procedures, and medical devices should I expect?	<ul style="list-style-type: none"> <li>• A member of your Head and Neck surgery team will remove your tracheostomy tube.</li> <li>• You will get some nutrition through your feeding tube.</li> <li>• Your nurse will change your donor site dressing.</li> <li>• A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>• Your nurse will check your free flap for a Doppler signal every 4 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Your feeding tube may be removed if you can get enough nutrition from eating and drinking.</li> <li>• Your nurse will change your donor site dressing.</li> <li>• A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>• Your nurse will check your free flap for a Doppler signal 2 times today.</li> </ul>
What medications will I take?	<ul style="list-style-type: none"> <li>• Pain medication through your feeding tube (as needed)</li> <li>• Chlorhexidine mouthwash (4 times)</li> <li>• Daily medications</li> </ul>	<ul style="list-style-type: none"> <li>• Oral pain medication (as needed)</li> <li>• Chlorhexidine mouthwash (4 times)</li> <li>• Daily medications</li> </ul>
Which team members will I see?	<ul style="list-style-type: none"> <li>• Speech and Swallow therapist</li> <li>• Case manager</li> <li>• Dietitian</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Swallow therapist</li> <li>• Dietitian</li> </ul>
What should I do?	<ul style="list-style-type: none"> <li>• You may start drinking liquids. Your speech and swallow therapist will help you.</li> <li>• Start planning your home care with your case manager. They will talk with you about your caregiver, medical supplies, and other changes you may need to make at home.</li> <li>• Clean your mouth with baking soda and water (4 times).</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>	<ul style="list-style-type: none"> <li>• Learn how to care for your drain(s) and dressing(s). Your nurse will teach you.</li> <li>• Clean your mouth with baking soda and water (4 times).</li> <li>• Use your incentive spirometer 10 times each hour you're awake.</li> <li>• Sit in your chair for most of the day.</li> <li>• Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>

	9 Days After Surgery	10 Days After Surgery (Day of Discharge)
What tests, procedures, and medical devices should I expect?	<ul style="list-style-type: none"> <li>Your nurse will change your donor site dressing.</li> <li>A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>Your nurse will check your free flap for a Doppler signal 2 times today.</li> </ul>	<ul style="list-style-type: none"> <li>A staff member will review your discharge instructions with you.</li> <li>Your nurse or case manager will give you supplies to take home. Other supplies will be delivered to your home.</li> <li>Your nurse will change your donor site dressing.</li> <li>A treatment room staff member will clean your mouth with an oral spray tool.</li> <li>You may leave the hospital with tubes and drains in your incision.</li> <li>You will leave the hospital with your arm splint or CAM boot, if you're wearing one.</li> </ul>
What medications will I take?	<ul style="list-style-type: none"> <li>Oral pain medication (as needed)</li> <li>Chlorhexidine mouthwash (4 times)</li> <li>Daily medications</li> </ul>	<ul style="list-style-type: none"> <li>Oral pain medication (as needed)</li> <li>Chlorhexidine mouthwash (4 times)</li> <li>Daily medications</li> <li>Your doctor will give you prescriptions for medications to take at home.</li> </ul>
Which team members will I see?	<ul style="list-style-type: none"> <li>Case manager</li> </ul>	<ul style="list-style-type: none"> <li>Discharge pharmacist</li> </ul>
What should I do?	<ul style="list-style-type: none"> <li>Finish planning your discharge with your caregiver and case manager.</li> <li>Make sure you have a ride home after discharge.</li> <li>Review how to care for your drain(s) and dressing(s).</li> <li>Clean your mouth with baking soda and water (4 times).</li> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Sit in your chair for most of the day.</li> <li>Walk 4 or more laps around the nursing unit. A staff member will help you.</li> </ul>	<ul style="list-style-type: none"> <li>Plan to leave the hospital by 11:00 AM.</li> <li>Gather your belongings in the morning.</li> <li>Review how to care for your drain(s) and dressing(s).</li> <li>Clean your mouth with baking soda and water (4 times).</li> <li>Use your incentive spirometer 10 times each hour you're awake.</li> <li>Spend most of your day out of bed.</li> <li>Walk as often as you can.</li> </ul>

<b>After Discharge</b>	
<b>What tests, procedures, and medical devices should I expect?</b>	<ul style="list-style-type: none"> <li>• The tubes and drains in your incision may be removed at your follow-up appointment.</li> <li>• You, your caregiver, and your visiting nurse will change your dressings every day.</li> <li>• If you have an arm splint or CAM dressing, your doctor will tell you when it will be removed.</li> </ul>
<b>What medications will I take?</b>	<ul style="list-style-type: none"> <li>• Chlorhexidine mouthwash (4 times a day)</li> <li>• Oral pain medication (as needed)</li> <li>• Stool softeners (as needed)</li> <li>• Other prescription medications, if needed</li> <li>• Daily medications</li> </ul>
<b>Which team members will I see?</b>	<ul style="list-style-type: none"> <li>• You will have a follow-up appointment with your Head and Neck surgery and Plastic surgery teams 1 week after discharge.</li> <li>• You will have a follow-up appointment with your Speech and Swallow therapist, if needed.</li> </ul>
<b>What should I do?</b>	<ul style="list-style-type: none"> <li>• Follow the instructions in your surgical guide.</li> <li>• Call your surgeon's office if you have any questions or concerns.</li> <li>• Don't drive until your surgeon says it's safe, especially if you're taking pain medication.</li> </ul>

**Notes:**

# Activity and Recovery Log

Use this log to track your recovery after your surgery.

	1 Day After Surgery	2 Days After Surgery	3 Days After Surgery	4 Days After Surgery
<b>Moving &amp; Walking</b> Check 1 box each time you walk 1 lap around the nursing unit.	Goal: Move from your bed to your chair 3 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Goal: Walk 1 lap or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 2 to 3 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 3 to 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box for each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM
<b>Oral Cleanings</b> Check 1 box each time you clean your mouth with baking soda and water.	X		Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	5 Days After Surgery	6 Days After Surgery	7 Days After Surgery
<b>Walking</b> Check 1 box each time you walk 1 lap around the nursing unit.	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box for each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM
<b>Oral Cleanings</b> Check 1 box each time you clean your mouth with baking soda and water.	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Notes:**

	8 Days After Surgery	9 Days After Surgery	10 Days After Surgery
<b>Walking</b> Check 1 box each time you walk 1 lap around the nursing unit.	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: Walk 4 laps or more <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer</b> Check 1 box for each hour you use your incentive spirometer 10 times.	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM	Goal: 10 times each hour <input type="checkbox"/> 6 AM <input type="checkbox"/> 7 AM <input type="checkbox"/> 8 AM <input type="checkbox"/> 9 AM <input type="checkbox"/> 10 AM <input type="checkbox"/> 11 AM <input type="checkbox"/> 12 PM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM <input type="checkbox"/> 6 PM <input type="checkbox"/> 7 PM <input type="checkbox"/> 8 PM <input type="checkbox"/> 9 PM <input type="checkbox"/> 10 PM
<b>Oral Cleanings</b> Check 1 box each time you clean your mouth with baking soda and water.	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goal: 4 times <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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