

**Healthcare
Department of Diagnostic Imaging**

Outpatient Discharge Instructions

Diet: Eat as you like, drinking plenty of fluids
No alcoholic beverages for 24 hours

Activity: Rest for the remainder of the day with no exertion
Elevate legs and feet to prevent bending groin at puncture site
May be up to the bathroom and for meals
Do not drive today
Do not strain having a bowel movement for 24 hours
No bath or shower until 24 hours after the procedure
Resume normal non-strenuous activity tomorrow
Normal strenuous activity may be resumed 48 hours after the procedure
No heavy lifting, no active sports, no intercourse for 48 hours.

Dressing Keep puncture site clean and dry for the first day
The bandaid may be removed after 24 hours

Medications Resume any medications- (IF TAKING GLUCOPHAGE, DO NOT RESUME FOR 48 hours
WITH DOCTORS PERMISSION ONLY)
May use Tylenol, or other over the counter analgesic for discomfort.

❖ Check the puncture site this evening every hour for the next four hours. Look for:

- ❖ Bleeding from the puncture site
- ❖ Formation of a growing lump under the skin at the puncture site
- ❖ Change in color, warmth or pain in the leg below the puncture site.

What to do if a problem arises:

If the puncture site starts to bleed or a growing lump forms under the skin:

1. Have the patient lay down with the legs flat
 2. Press firmly on the puncture site to stop the bleeding, using a closed fist to hold for 10 minutes.
 3. After 10 minutes check to see if the bleeding has stopped;
 4. If the bleeding has stopped, keep the patient flat and call the ambulance (911) to take the patient to an Emergency Room.
 5. If bleeding does not stop, have the patient hold firm pressure on puncture site while the ambulance is called.
- ❖ Firm pressure must be kept until the ambulance arrives.
 - ❖ If either leg changes color or becomes cold to the touch, have the patient lay down with legs flat, call an ambulance to transport the patient to an Emergency Room.

Medical Follow-up

Call your physicians office to make an appointment for follow-up. Call Special Procedures 368-3456 Monday thru Friday 7:00 am to 4:00 pm for questions and concerns. After these hours , please call your referring physician.

Physician _____ Date _____

Nurse _____ Date _____

I have received a copy of these instructions and the instructions were reviewed with me by the nurse. I have had the opportunity to ask questions and the questions were answered to my satisfaction.

Patient/ Family

Date