

Attending Physician: _____

ACTIVITY:

- Do not drive or operate machinery for 24 hours
- Do not lift heavy objects over 10 lbs for _____ days

DIET:

Resume your regular diet

MEDICATIONS:

Prescriptions given & reviewed yes no

FOLLOW-UP INSTRUCTIONS: See Dr. _____ in _____ Phone # (202) _____

POST-PROCEDURE INSTRUCTIONS

VASCULAR ACCESS INSTRUCTIONS

1. You have had a _____ Mediport _____ Permacath _____ PICC _____ Other placed
2. Leave the dressing in place for three (3) days or until you are next seen by your physician or nurse. Keep the incision clean and dry. Do not put any cream or powder on the incision. If the dressing becomes wet, remove it and replace with a dry bandage.
3. You may bathe in 24 hours and shower in 3 days.
4. You may experience mild discomfort from the incision site which is normal.
5. A small amount of blood or clear fluid may leak from the incision site of the catheter which is normal. If a large amount of blood collects on the dressing or if the site becomes red, tender, you develop a fever, or if the skin where the catheter has been placed separates, please call us or your regular physician or nurse immediately.

ARTERIOGRAM INSTRUCTIONS

1. No special wound care is needed. Bruising and skin discoloration are normal and will disappear in time. Leave the bandage over the puncture site until the next day and then remove the bandage and shower or bathe as usual.
2. For the next 48 hours, if you have to cough or sneeze, place your fingers over the bandage and hold it firmly. Do not bend over or strain for the next 24 hours.
3. Smoking contributes to narrowing of the arteries. If you are currently smoking, you should stop. If you need help quitting, let us know.
4. Please notify us immediately if you develop any loss of sensation or movement of the legs, unusual tingling, coldness or discoloration of the legs, increasing pain in the legs or at the puncture site or if you notice a lump at the puncture site.
5. If you notice bleeding from the puncture site, place your fingers over the site, press firmly and call us immediately.

You may contact us between 8 AM and 5 PM at (202) _____ . After 5 PM, please call the operator at (202) _____ and ask them to page the Radiology Resident on-call.

Interventional Radiology: _____ Date/Time: _____

I have given the post-procedure instructions: _____ Date/Time: _____

I have received and understand the post procedure instructions: Patient (or Responsible Party)

_____ Date/Time: _____

Patient Label

**POST-INTERVENTIONAL
RADIOLOGY PROCEDURE
PATIENT DISCHARGE
INSTRUCTIONS**