



0400002

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**NEURORADIOLOGY DIVISION - DISCHARGE INSTRUCTIONS
ANGIOGRAM**

ONLY THOSE ITEMS CHECKED ARE YOUR PERSONAL INSTRUCTIONS:

1. DIET INSTRUCTIONS

- Resume your regular diet as tolerated.
- Drink six (6) to eight (8) glasses of fluid every 24 hours for two (2) days.
- Do not drink alcohol for 24 hours following the procedure.

2. ACTIVITY INSTRUCTIONS

- Avoid strenuous activity for 24 hours.
- Do not drive or operate heavy machinery for two (2) days.
- Do not lift more than five (5) pounds for the next three (3) days.
- You may shower 24 hours following the procedure.
- Do not use hot tub, bath tub or swimming pool for one (1) week.

3. MEDICATION

- Resume your regular medications today.
- Follow Glucophage (metformin) protocol if applicable. (SEE ADDITIONAL SHEET.)

4. PAIN

- It is not unusual to expect some mild pain and discomfort at the procedure site. There may be slight bruising around the catheter insertion site. If you experience extreme pain or swelling in the procedure area you should call your physician.

5. DRESSING

- Keep catheter insertion site covered with a band-aid. Change each day for a period of five (5) days.

6. FOLEY CATHETER

- You may experience mild burning upon urination following the removal of a urinary catheter. If you experience an elevation in temperature, frequency, urgency or pain when urinating you should notify your doctor.

Procedure Performed: _____ By Dr. _____

Medication Given: Drug _____	Dosage _____	Last Dose _____
Drug _____	Dosage _____	Last Dose _____
Drug _____	Dosage _____	Last Dose _____
Drug _____	Dosage _____	Last Dose _____

ALERT: CALL 911 AND GO TO THE NEAREST EMERGENCY ROOM FOR:

- SEVERE BLEEDING AT THE SITE OF PUNCTURE. APPLY FIRM PRESSURE OVER THE SITE UNTIL HELP ARRIVES.
- NUMBNESS, COOLNESS OR CHANGE IN COLOR OF THE LEG / FOOT (EXTREMITY) ON THE AFFECTED SIDE.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS PLEASE CALL:

NEURORADIOLOGY: 8 AM - 5:00 PM, Monday - Friday, phone 434-924-5213.

All other times: local 924-9400 or toll free 1-877-817-3865 and press 1 for receptionist.

I have been given and understand the above information: _____
(PATIENT/RESPONSIBLE FAMILY SIGNATURE)

Reviewed by: _____ Title/PIC _____ Date/Time: _____
STAFF NAME / SIGNATURE

If Translated: INTERPRETER ATTESTATION (when applicable)

Translation has been provided by: _____ Date/Time _____
SIGNATURE OF INTERPRETER/CYRACOM id#

Recibi una copie traducida de este documento. Patient Initials _____

(I received a translated copy of this document) Form # _____