



Department of Radiology and Radiological Sciences

Discharge Instructions for Anesthesia/Sedation

The patient has received Anesthesia or Sedation for today's procedure. Please read and understand all of these important instructions before you leave today. If you do not understand any of the following, please discuss it with the nurse. Procedure: \_\_\_\_\_

Medication given for the procedure:

- Propofol  Versed  Fentanyl  Morphine  Dilaudid  Valium  Ativan  Other \_\_\_\_\_

These medications may not be totally eliminated from your body for at least 24 hours.

Adult Patients

- Rest for at least 24 hours.
- Should not drive a car or operate machinery.
- Should not make important decisions or sign legal documents.
- Should not drink alcoholic beverages.

Pediatric Patients

- Remainder of the day should be limited to quiet activities.
- Should not engage in sporting activities such as: swimming, bicycling or climbing.
- Should not eat or drink unless closely supervised.

General Safety:

- All patients should be secured during the ride home with age appropriate car restraints.
- We strongly suggest that a responsible adult remain with the patient for the remainder of the day and night for the patient's protection and safety.

Diet and Medication:

- The patient may eat today following the procedure. Preferred diet today would include clear liquids as tolerated for the first hour and then advance with light foods as tolerated.
- The patient may resume taking any prescribed medications unless otherwise directed by your physician.

Follow Up:

Contact your ordering physician in 24-48 hours for the results of your exam. "You are advised to check with your primary care provider or prescribing specialist for regular medication dosages and continued appropriateness."

Notify the Radiology Resident on call at (615) 343-2400 7am-5pm Monday-Friday, or (615) 343-7185 5 pm-7am after hours and weekends for the following problems within the first 24 hours post testing.

- TEMPERATURE GREATER THAN 101 DEGREES (F) ORALLY
- SEVERE PAIN, REDNESS OR SWELLING AT OR ABOVE THE IV SITE
- SEVERE NAUSEA AND/OR VOMITING
- EXCESSIVE DROWSINESS (NOT EASY TO WAKE UP FROM SLEEP)
- CHANGES IN MENTAL STATE

FOR ANY MAJOR PROBLEM RELATING TO THIS PROCEDURE, TAKE THE PATIENT TO THE NEAREST EMERGENCY ROOM AND BRING THIS SHEET WITH YOU.

- Additional Instruction Sheets Given  No additional Instruction Sheet Given

I HAVE REVIEWED THE INSTRUCTIONS LISTED AND UNDERSTAND THEM.

Responsible Adult \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Radiology Nurse \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_