

INSTRUCTIONS FOR CARDIAC CATHERIZATION

PATIENT: _____

PLEASE REPORT TO PATIENT REGISTRATION 2ND FLOOR

TIME: _____

ARRANGEMENTS FOR YOUR CATHERIZATION:

PLACE: MERCY CARDIOLOGY DEPARTMENT 3RD FLOOR

DATE: _____

THE CARDIAC CATH LAB IS LOCATED ON THE 3RD FLOOR OF THE MCAULEY BLDG. PLEASE TAKE **ELEVATOR D** TO THE 3RD FLOOR-CARDIOLOGY DEPT.

INSTRUCTIONS:

1. **IF YOU ARE TAKING COUMADIN, THIS MUST BE STOPPED FIVE DAYS PRIOR TO YOUR PROCEDURE. IF YOU ARE TAKING ASPIRIN OR PLAVIX, PLEASE DO NOT TAKE THIS MEDICATION THE MORNING OF YOUR PROCEDURE.**
2. IF YOU ARE TAKING A DIURETIC (FLUID PILL), PLEASE DO NOT TAKE THIS THE DAY OF YOUR PROCEDURE.
3. FOR ALL OTHER MEDICATIONS, PLEASE CHECK WITH OUR OFFICE.
4. PLEASE MAKE ARRANGEMENTS TO HAVE SOMEONE COME WITH YOU AND DRIVE YOU HOME AFTER YOUR PROCEDURE. YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME.
5. PLEASE BRING ALL MEDICATIONS YOU ARE CURRENTLY TAKING TO THE HOSPITAL, SO THE HOSPITAL STAFF IS AWARE OF YOUR MEDICATIONS.
6. ******DO NOT EAT OR DRINK AFTER MIDNIGHT THE DAY PRIOR TO YOUR PROCEDURE! (A SMALL SIP OF WATER TO TAKE YOUR MECIATIONS IS PERMITTED). *******
7. IF YOU HAVE YOUR PROCEDURE AS AN OUT-PATIENT, YOU WILL NEED TO MAKE ARRANGEMENTS FOR SOMEONE TO STAY WITH YOU AT YOUR HOME OVERNIGHT.

**ANY QUESTIONS, PLEASE CALL OUR OFFICE 410-332-9752
MERCY SCHEDULING CENTER 410-332-9777**