

# Post Sedation Care

For patients who have taken oral sedation for an imaging exam as prescribed by their provider.

Please read carefully and follow the instructions which pertain to your post-sedation care. If you do not understand any instructions, please ask for an explanation.

Follow these guidelines for the next **12 - 24 hours**:

1. You must be accompanied by a responsible adult. The responsible adult should be present during the exam in case of any unforeseen circumstances, but must be in attendance before you are discharged. If you do not have a driver, a courtesy cab will be called to take care of your transportation needs.
2. Do not ingest alcoholic beverages, nerve pills, tranquilizers or sleeping pills after leaving the Imaging Department (unless your physician instructs you otherwise). The alcohol and drugs can interact with the medication you took prior to your scan and may create harmful and dangerous effects to your mental physical condition.
3. The after effect of sedation may temporarily impair your judgment. Therefore, you should not make any major decisions.
4. You may resume your regular diet unless instructed otherwise.
5. Activity: Although you may feel normal, your reflexes and mental ability may be impaired for 12-24 hours after sedation.
  - Rest is advised for at least the first 4-6 hours. This is a general restriction; your physician may give you more specific instructions.
  - Do not drive any vehicle or operate any machinery.
  - Do not ride a bicycle, moped, or skateboard or participate in similar activities.
  - Take extra precautions on stairways.

If you have questions, consult your physician. **If you experience a medical emergency, report immediately to the nearest emergency room.**

## Acknowledgment of Discharge Instructions

The expected effects and possible side effects of this medication have been explained to me by the staff. I have read the above information and have no further questions regarding the medication at this time. I agree to follow the advice and abide by the above instructions.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Responsible Adult or Care Giver may sign for patient if patient is a minor or is unable to sign.

Relationship to Patient: \_\_\_\_\_ Witness: \_\_\_\_\_



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