

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

DISCHARGE SUMMARY: CARDIAC CATHETERIZATION

Procedure Date: [Date of Procedure]

Attending Physician: [Physician Name]

Procedure Performed:

[e.g., Left Heart Catheterization, Coronary Angiography, PCI/Stenting]

Access Site:

[e.g., Right Radial Artery / Right Femoral Artery]

Key Findings:

[Brief summary of results/blockages]

Intervention/Treatment:

[e.g., Successful drug-eluting stent to LAD / Medical management]

HOME CARE INSTRUCTIONS

Medications:

[List new medications, especially blood thinners like Aspirin or Clopidogrel]

Activity Restrictions:

- Do not lift more than 10 pounds for the next [Number] days.
- Avoid strenuous exercise or heavy pushing/pulling for [Number] days.
- You may shower tomorrow, but do not soak in a tub or pool for [Number] days.

Wound Care:

- Keep the dressing clean and dry.
- Remove the bandage after 24 hours and replace with a small adhesive bandage if needed.

When to Call the Doctor or Seek Emergency Care:

- Bleeding or a large lump at the puncture site.
- Chest pain, shortness of breath, or dizziness.

- Fever, chills, or redness/warmth at the site.
- Numbness or coldness in the limb used for the procedure.

Follow-Up Appointment:

Date: [Date] at [Time] with [Provider Name]

Physician Signature