JOSEPH BRANT HOSPITAL

# Bronchoscopy Discharge Instructions

*Place Patient Sticker Here*

You have received the following **sedation**:

☐Versed ☐Fentanyl ☐Deep Sedation Anesthesia ☐Other:_____

1. You will not be able to drive for 24 hours after the test. If you are taking a taxi, you must ensure you have a responsible adult to accompany you home (not the taxi driver).
2. Do not drink alcohol for 24 hours after your test.
3. If you received sedation you must not make any major legal or financial decisions for 24 hours.
4. If your throat was sprayed, you must not take anything by mouth until: _____(*Time)*
5. You can go back to work and your normal activities the day after your bronchoscopy.
6. Unless otherwise advised, you do not have any specific diet restrictions. Your initial meal after your bronchoscopy should be light. If you tolerate your light meal, you may progress to your regular diet.
7. The total time for your procedure and recovery is approximately 2-3 hours, however you may remain fatigued for 24 hours if you received sedation.
8. It is recommended that you go home and rest for the remainder of the day.

**Follow-up:**

You should already have a follow up appointment with your specialist. If you do not currently have a follow up appointment, please call his/her office to book it.

☐A prescription for _____ has been written
☐Repeat Bronchoscopy in _____ ☐weeks ☐months ☐years
☐If you are on ☐aspirin or ☐blood thinners, resume in _____ days.
☐Other:_____

_____

**If you experience any of the following, please go to your nearest emergency department:**
Prolonged face, neck, throat or chest discomfort, trouble breathing or swallowing, a cough with more than a teaspoonful of bright red blood
**Remember to bring your health card, medication list, and this form with you to the emergency department.**

| | |
|---|---|
| **Physician Name:**_____ | **Procedure Date:**_____ |
| **Physician Signature:**_____ | **Physician Phone Number:**_____ |