

**ABINGTON HOSPITAL-JEFFERSON HEALTH**

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**CHEST CATHETER  
DISCHARGE INSTRUCTIONS**

1. You have a **CHEST TUBE CATHETER** placed in your chest.
2. You may resume your normal diet.
3. You may resume your normal medications, **EXCEPT** blood thinners or Motrin.
4. It is normal to experience some soreness at the site after the procedure. You may take Tylenol for this.
5. Do not drive, engage in heavy lifting or strenuous activity or consume any alcoholic beverages for the next 48 hours.
6. If you were given conscious sedation; someone must stay with you until the morning after the procedure.
7. Make sure that your catheter does not kink or is pulled on.
8. Keep a clean, dry dressing on the catheter site at all times. Do not change the dressing. If it becomes loose, reinforce with tape.
9. Do not shower, soak in a tub or swim with the catheter. Sponge baths only.
- 10. You will be given an appointment time to come in for the next morning to have your catheter checked and obtain a chest x-ray to determine if your catheter will be removed. Expect to be at the hospital for at least 3 hours.**

**When to Call the Physician**

- ) Temperature >101, chills, or shaking
- ) Catheter leaking around site
- ) New pain at catheter site
- ) Nausea/vomiting
- ) **You are re-admitted to the hospital**
- ) **Report to the Emergency Room IMMEDIATELY if you have shortness of breath, chest pain or pressure, or if catheter pulls back or falls out.**

- **If you have a problem that you feel requires immediate attention, you should go to the emergency room, either at Abington Memorial Hospital or the closest hospital.** If you feel that your problem can safely wait until you speak to a physician, you should contact your doctor or radiologist.
- **For questions regarding catheter care or assistance during 7:30AM-3:00PM Monday-Friday, call 215-481-3313 to speak with one of the Radiology Nurses.**
- **During off hours, weekends or holidays, for emergencies call 215-481-2000 and ask the hospital operator to contact the Interventional Radiologist on-call.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_