

***Post Cardioversion / Sedation Ambulatory
Patient Instructions***

Activity:

1. Please nothing by mouth until: _____.
2. Do not drive until _____ because of the sedation that you received.
3. Do not operate heavy machinery until _____.
4. Resume normal activity _____.
5. If you experience chest pain or cardiac symptoms, please notify your cardiologist. If you are not able to reach the cardiologist, please go directly to the Emergency Room.

Medications:

- Resume all previously scheduled medications unless advised otherwise by your physician.

My Signature indicates:

I have read the above instructions. I understand these instructions and the importance of following the instructions.

Patient signature: _____ **Date** _____

RN signature: _____ **Date** _____