### Discharge Instructions for Catheter Removal/Voiding Trial

**Place Patient Label Here**

<table>
<thead>
<tr>
<th>Follow-up Appointment:</th>
<th>Please call 410.955.6100 to make an appointment in ________________ with Dr. ______________________________.</th>
</tr>
</thead>
</table>
| What you might experience after your catheter removal: | Discomfort on urination for 1-2 days.  
Blood in the urine for 1-2 days. |
| When to call your doctor: | Call your doctor *immediately* if you experience any of the following:  
You are unable to urinate.  
Discomfort and blood does not stop in 2 days.  
Fever above 101 degrees (F).  
Chills  
Contact your doctor or call the Urology Clinic at 410-955-3801 between 8am-5pm. Otherwiwise, call 410-955-6070 and ask for the urologist-on-call. |
| Activity: | Resume normal diet.  
Take antibiotics as prescribed. |
| Provider name: | The patient verbalizes understanding of these instructions. □ |
| Patient signature/date: | |
| Nurse signature/date: | |