

Post Infusion Instructions



Woman Rising Midwifery

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Following your infusion and/or injection:

- Continue to wear dressing applied to the IV infusion site for at least 1 hour to prevent break through bleeding.
- You can apply cold packs for any post injection/infusion pain. If you are not pregnant, you may also take naproxen (Aleve) for discomfort.
- A light meal and 16 ounces of water are recommended after the infusion
- Monitor your IV site for redness, pain, warmth, or swelling. This could be a sign of infection or an adverse reaction. If this occurs, please call Woman Rising Midwifery at 562-505-7603.
- Continue routine follow up with your mental health and/or primary care provider for continued treatment and evaluation.
- If any mild side effects occur such as hives, nausea, fever, cramping, headaches, or any additional non-life-threatening symptoms, please call Woman Rising Midwifery at 562-505-7603 immediately. If it is after hours, then please report to your closest urgent care or emergency department.
- If any type of serious adverse events occurs such as diffuse hives, shortness of breath, trouble swallowing, chest pain, severe headache, changes in consciousness, increase pain/swelling in the arm that the infusion was given in, or anything else that is concerning, call 911 or report to the emergency department immediately.
- You can expect to feel improvements in your symptoms within 15-90 minutes of your infusion. These effects can last up to 1 to 1 and a half weeks.
- Patients can present for repeat infusions every 2 weeks unless determined otherwise by your treating provider.

Additional instructions:

- If you have any additional questions or concerns, please feel free to reach out to Woman Rising Midwifery via phone at 562-505-7603 or via email at womanrisingmidwifery@gmail.com.
- Your next appointment date and time: _____
- I acknowledge that I understand the instructions that need to be followed prior to and after my treatment. I certify that I will follow these instructions and notify Woman Rising Midwifery of any changes in my condition or drug/supplement use.

Printed patient name: _____

Patient signature: _____

Date:_____