



# 病人教材

介入放射科/造影服务部



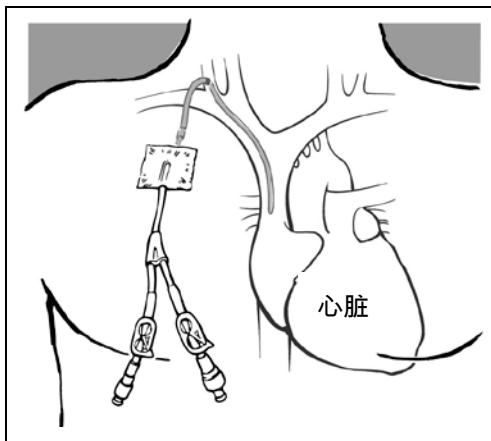
# 隧道式中央静脉导管

海克曼、李诺欧纳、或哥罗雄导管

此小册为您解释何谓隧道式中央静脉导管及装置的过程

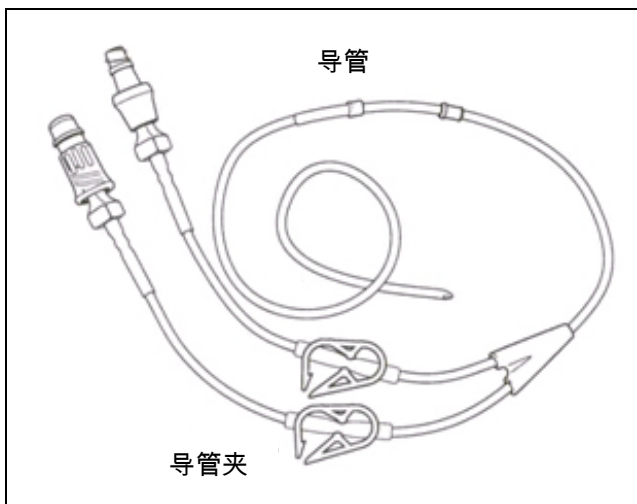
## 何为隧道式中央静脉导管？

您的医生要求我们为您置放静脉导管( 长的、中空的朔料管 ) 导管由您胸部的皮下插入体内。导管的前端将放置在胸膛的大静脉内。



您的中央静脉导管将由您胸部的皮下插入体内。

导管有布质的套袋是放在皮肤下面、以便固定导管的位置。同时防止任何皮肤的感染进入血液内。



### 为何我需要安装中央静脉导管 CVC?

中央静脉导管(CVC)有多种的用途、包括：

- 输药（如抗生素或化疗）或血液产品（如血浆）
- 血液透析（洗肾）
- 替换或取出血液的元素（*血液分离*）

中央静脉导管 (CVC)安置后的另一好处是它可以使用数周甚至数月。如此医护人员可以为您注射液体或抽血做检验、就无需每次再扎针。而手臂上典型的静脉注射导管 (IV) 在很短的时间内就必须取出更换。

是由介入放射科的医生、或有特殊训练的医生助理为您做安置中央静脉导管 (CVC) 的程序。

### 中央静脉导管 CVC 会有风险吗?

就如做一切医疗上的程序都是有某些风险的。安置中央静脉导管 (CVC)后最常见的问题有：

- **出血**：一般如有任何出血状况都是轻微的、而且时间很短。
- **安置中央静脉导管 (CVC) 术后发生感染**：在安置中央静脉导管 (CVC) 术后有很小的可能性会发生感染。
- **安置中央静脉导管 (CVC)一周后发生感染**：此类感染是较常见。它并非与安置中央静脉导管术有关。
- **中央静脉导管 (CVC) 无效**：当导管被移动或在尖端形成血栓就会导至无效。

尚有其他不常见的风险。您的医生或医生助理在做程序前会与您详细解说。请医生回答您所有的疑问及顾虑。

### 我仍然能照常活动吗？

中央静脉导管 (CVC) 安置后一周内：

- 避免涉及颈部及胸部的激烈活动。
- 避免将该处沾湿 (请看下页)。

一周后即可照常活动。

## 我会感觉到导管吗？

您可能会在颈部或锁骨处皮下的导管。但此感觉在一两周后就消失了。

## 我如何护理导管？

- 在导管插入胸腔处的皮肤要保持清洁及干燥。
- 将导管以胶布严盖，如此就不会被衣服或其他物件卡住而移动。在安置后最初的几周内最容易被移位。

## 导管能取出吗？

能取出；在下列情况下我们会将导管取出：

- 当您不再需要时就将它取出。取出时使用局部麻醉(麻药)即可。
- 如导管不能使用或有裂缝。
- 如插入皮肤伤口被感染、且使用抗生素对感染亦无效。
- 如您发生了严重的血液感染。

## 在做程序前

- 如您是门诊病人、负责联系的护士会在做程序前一天的下午打电话给您。如您是在周一做、则护士会在前一周的周五与您联系。护士会给您最后的指示及回答您的任何疑问。
- 如您不谙英语不能了解此说明或程序的细节、请尽早告诉我们。我们可安排医院的翻译人员来协助您。家人或朋友不为您做翻译。
- 一般在您程序前 14 天内需要做血液测试。偶而；会在您来报到做程序时一起抽血做测试。我们会在前一天告诉您是否需要抽血。
- 如您过去对显影剂 ( X-光染剂 ) 过敏或有不良反应、请使用此小册最后一页的联系电话号码与护士联系。可能在术前需要抗过敏的药。
- 如您服用任何稀释血液的药 ( 如依诺肝素 Coumadin、华法令、Lovenox, 法安明 Fragmin, 或氯吡格雷 Plavix ) 您可能需要在术前 3 至 9 天停止服用。您将会接到有关此项的说明单。

- 如您是糖尿病患者、且使用胰岛素或服用二甲双胍 (metformin) 胍 (Glucophage)、您将会得到指示在安置导管的当天是否需要暂停或减量。

### 镇静剂

- 在安置中央导管时会经由静脉导管为您注射镇静剂 (类似安定 Valium 及吗啡 morphine)。此药物会使您昏昏欲睡、帮助您放松、并减轻您的不适。但您仍然是醒着的。即所谓的**清醒式镇静**。程序完成后您仍然会感到昏昏欲睡。
- 对某些人使用清醒式镇静剂是不安全的。如您也是如此、则需使用麻醉 (让您在程序的过程中睡着)。

如您有下列情况请**即刻**告诉我们：

- 过去做简单的程序时亦需要麻醉
- 有**睡眠窒息症**或慢性呼吸的问题。(您可能睡眠时需使用 CPAP 或 BiPAP 设备)
- 使用高剂量的麻醉性止痛药。
- 严重的心脏或肺脏的疾病。
- 因为背部或呼吸的问题不能平躺 1 小时者。
- 在做任何医疗程序时无法静躺者。
- 体重超过 300 磅 (136 公斤) 者。

### 做程序的前一天

请遵照下列注意事项为清醒式镇静做准备：

- 做程序的前一天可以照常饮食。
- 做程序前 6 小时、您仅可喝**透明**的饮料 (如水、汽水、小红莓汁、或清淡的茶)。
- 做程序前 2 小时：
  - 不可再吃喝任何东西。
  - 如您必须服药、则**仅**以一小口水送服。
  - 不要服维他命或其他补药、空腹时它们会使胃不舒服。

- 您**必须**有一位可以负责的成年人开车带您回家、且当天要照顾您。您不可自己开车回家或坐公车、或计程车、或搭通勤车。

## 做程序的当天

- 做程序的当天除非有医生或护士吩咐、**请勿**停止服用日常的常规药。
- 将所服药物的名单带来。
- 请计划在医院会待一整天、如做程序的时间有拖延、通常是因为我们需要先处理其他的意外或紧急事故。如真的发生此状况、请多包含。
- 除非对您有别的安排、否则：
  - 如您是**华大医疗中心的病人** (UWMC)、( 进门的大厅 ) 住院部 (Admitting ) 报到。住院部位于医院大厅讯问台的右后方部报到。
  - 如您是**海景医院的病人** (HMC)、请到门诊手术部(APA) 报到。位于 Maleng 大楼 8 楼。
- 医疗助理员会给病人一件医院的袍子以供更换、及一个袋子以便放置个人物件。也可在这时使用洗手间。
- 另有工作人员会带病人到等待做程序的地方、有护士来为病人做健康状况的评估。病人的家属、朋友均可在旁陪伴。
- 先为病人插好**静脉输液(IV)**的导管。经此导管可为病人输液及给予药剂。
- 放射专科医生会来与病人见面、再解说此程序。如病人尚未签同意书、则在这时会请病人签同意书。如有疑问、也可在此时提问。

## 如何做此程序

- 护士会把您推到放射科的手术室、这位护士会在整个过程中专为您服务。
- 病人将躺在照 X 光的平床上、如此医生可以 X 光来透视您的身体。
- 在病人身上贴监测心律的电线、以便监视您的心率。
- 且为病人套上量血压的臂套。在整个过程中、会定时紧缩自动量血压。

- 大多时候、导管是由颈部下方插入静脉（通常是您的右侧）再由锁骨部位的皮下伸出来（请参看第 1 页图解）。
- 放射科的技师会以特殊的肥皂清洗您颈部、胸部的皮肤。请告诉他您对什麼会过敏。放射科的技师可能需要剃除医生做程序部位的体毛。
- 我们会在您头部盖一蓝色的消毒布、以保持该部位无菌。我们也尽力让您在做程序的过程舒适。
- 整个医护组会再三地确认您的姓名及您将做什麼程序。这都是为了维护您的安全。
- 然后、在医生开始程序前您的护士会给您药物使您昏昏欲睡、并使您放轻松。
- 如有需要、翻译人员也会在场、或以对讲机与病人对话。
- 医生会在两个部位为您打局部麻药（让您无痛）。您可能有 5 秒钟刺痛的感觉。然后该部位就没有知觉、您将不会有任何尖锐的疼痛感。
- 到某阶段、我们会请您憋一下气。
- 整个程序约需要 30 分钟。完成后我们会在您胸部导管的出口盖上无菌的敷料（胶布）（请参看第 1 页图解）。

### 程序完成后

- 短时间内继续在放射科密切观察。
- 然后到恢复室 1 到 2 小时等您由镇静剂苏醒过来。此时您可以吃喝、您的家人亦可陪伴您。
- 当您完全苏醒后且能进食、使用洗手间、行走、您即可回家。
- 程序完成后很少会有问题。如发生任何问题、我们将安排您住院一晚以便观察或治疗。
- 在您出院前、您的护士会告诉您可以做的活动、如何护理您的导管及其他重要的说明。

## 回家后

- 当天应当休息。一定要有家人、朋友或看顾的人协助您。您可能会有睡意、或短期失忆的现象。
- 24小时内**切勿**：
  - 驾车或使用机器
  - 喝酒
  - 做重大的决定或签法律文件
  - 照顾他人
- 一般在安置中央静脉导管 (CVC) 后仅有些微的疼痛。如您的医生说您可服用对乙酰氨基酚 (泰诺)、即可减轻您的不适。如您的医生认为您可能会有较重的疼痛、则会给您开止痛药的处方。
- 开始进食后即可继续服药。但**仅限于**您医生所开的处方药或认可的药。
- **切勿**淋浴或泡澡。要等到术后 2 至 3 天第一次换敷料后。若伤口浸湿就不易愈合。且可能被感染。
- 让外科胶布 (Steri-Strips) 自动剥落。约一周以后才会剥落。
- **切勿**擦除涂在伤口的胶水。
- 如您在上护理导管的课前**必须**淋浴、先用保鲜膜遮盖敷料、边缘以胶布贴妥。避免水直接进入胶布。轻轻拍干患处。

## 何时需要联系我们

如有下列状况请**即刻**与我们联系：

- 伤口出血
- 导管周边或颈部发红、肿、或触痛加剧。
- 体温超过华氏 101° (摄氏 38.3°) 或发冷
- 新发生的呼吸困难或胸痛
- 头昏
- 呕吐

### 导管的护理

经过一段时间后、导管 ( CVC ) 主要的问题是失去功能或感染。如导管阻塞、我们可以处理解决、少数情况下需要将它取出再安置新导管。

但是、感染可能会很严重。**小心护理是避免发生感染的最佳方法。**

在 1 至 3 天内有一位受过特别训练的护士将教导您如何换敷料。如此预约尚未设定、请致电您的家庭医生来安排时间。

当您护理导管时：

- 先确定导管在不使用时、导管夹必须关上。
- 先确定导管夹**一定要**夹在管子厚的增强的部位。
- 切勿在导管旁边使用别针或剪刀。怕会扎到导管。
- **如您的敷料脱落或透湿：**
  - 敷上新的干的纱布胶布敷料。
  - 致电 206-598-6200 与我们联系。
- **如您的导管发生泄漏、脱出、或破裂：**
  - 在导管靠近进入皮肤的部位将它夹紧。
  - 即刻与家庭医生联系。
- 切勿将导管上蓝色的套盖拿开 (盖) **如盖套掉下了：**
  - 确定导管是关闭的。
  - 用酒精棉搽洗导管头。
  - 盖上新盖套。
- 备用的敷料要储存在清洁干燥的地方。不要储存在靠近浴室或厨房水槽旁边。
- 如导管不是用来做肾脏透析：
  - 随身携带大的导管夹 (额外安全夹)。
  - 使用朔胶带及大的导管夹将导管贴近胸前 (如夹在衣服上)。**不可让它悬空挂着。**
  - 将胶带放在导管夹及蓝色套盖中间。**切勿**将胶带覆盖在导管及套盖的交接处。



## 您有疑问吗？

我们很重视您的提问。当有疑问或顾虑时，请致电您的医生或医护人员。华大医院诊所的工作人员也可随时给您协助。

放射科/造影服务部：  
206-598-6200

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### 联系电话

#### 华大医疗中心 (UWMC) 的病人

介入放射科联系护士 .....206-598-6897

程序时间安排人员 .....206-598-6209

下班后 (下午 5 点至上午 7 点) : 及周末假日

请传呼接线生联系介入放射科当值医生 .....206-598-6190

#### 海景医疗中心 (HMC) 的病人

病人护理联系人 .....206-744-0112 或 206-744-0113

下班后 (下午 5 点至上午 7 点) : 及周末假日

请传呼接线生联系介入放射科当值医生 .....206-744-0147

#### 如您有紧急状况

直接到离家最近的急诊室或打 9-1-1. 切勿等待与我们的职员联系。

# UW Medicine

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Tunneled Central Venous Catheter

Chinese

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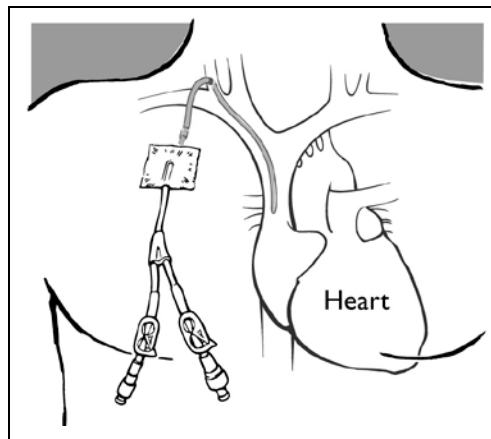
# Tunneled Central Venous Catheter

*Hickman, Leonard, or Groshong catheter*

This handout explains what a central venous catheter is and what to expect when you have one.

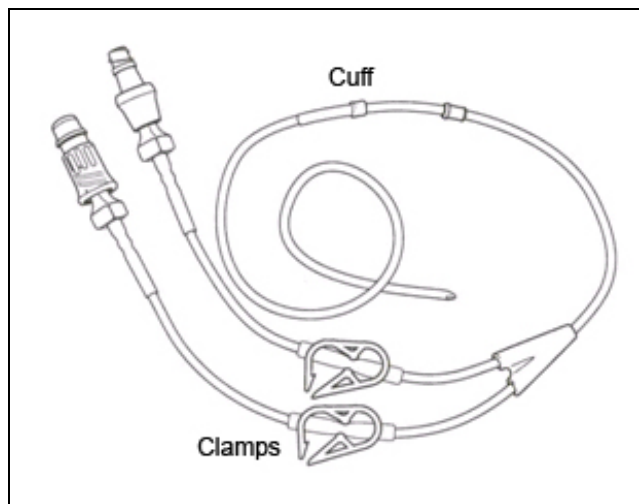
## What is a central venous catheter?

Your doctor has asked us to insert a *catheter* (long, hollow plastic tube) into your veins. The catheter will enter your body through the skin on your chest. The tip of the catheter will be placed in a large vein inside your chest.



Your central venous catheter will enter your body through the skin of your chest.

The catheter has a fabric cuff that sits under your skin. This cuff helps keep the catheter in place. It also prevents any skin infection from entering your bloodstream.



A central venous catheter

## Why do I need a CVC?

A *central venous catheter* (CVC) has many possible uses, including:

- Infusing drugs (such as antibiotics or chemotherapy) or blood products (such as plasma)
- Filtering blood (*dialysis*)
- Exchanging or removing blood elements (*pheresis*)

Another benefit of a CVC is that it can stay in place for weeks to months. This allows your health care providers to inject fluids or withdraw blood for lab tests without repeated needle sticks. A standard *intravenous* (IV) line in your arm needs to be removed after a short time.

The procedure to place your CVC will be done by an *interventional radiologist*, a doctor or physician assistant with special training in doing this kind of procedure.

## Are there any risks from CVCs?

As with all medical procedures, there are some risks. The most common problems after placing a CVC are:

- **Bleeding:** Any bleeding is usually minor and does not last long.
- **Infection right after the CVC is placed:** There is a small risk of infection right after the CVC is placed.
- **Infection more than 1 week after the CVC is placed:** This infection is more common. It is **not** related to the placement procedure.
- **The CVC does not work:** This may occur if the catheter moves or a clot forms on the tip.

There are also other less common risks. Your doctor or physician assistant will talk with you about these in detail before your procedure. Please make sure all of your questions and concerns are addressed.

## Will I be able to do my usual activities?

For about 1 week after your CVC is placed:

- Avoid strenuous activities that put pressure on or stretch your neck and chest areas.
- Do not get the area wet (see next page).

After 1 week, you may resume all of your usual activities.

## Will I feel the catheter?

You may feel the catheter under your skin in your neck or collarbone area. This usually goes away in 1 to 2 weeks.

## How do I care for the catheter?

- Keep your skin where the catheter enters your chest clean and dry.
- Keep the catheter well-covered with a bandage so that it does not catch on clothing or objects that might move it. It is most likely to move in the first few weeks after it is placed.

## Can the catheter be removed?

Yes. We will remove the catheter:

- When you no longer need it. You will only need a local *anesthetic* (numbing medicine) for this procedure.
- If the catheter does not work right, or if it cracks.
- If you get a skin infection at the catheter entry site that does not go away with antibiotics.
- If you get a serious bloodstream infection.

## Before Your Procedure

- If you are an outpatient, a nurse coordinator will call you the afternoon before your procedure. If your procedure is on a Monday, the nurse will call you the Friday before. The nurse will give you final instructions and answer any questions you have.
- If you do not understand English well enough to understand these instructions or the details of the procedure, tell us as soon as possible. We will arrange for a hospital interpreter to assist you. **A family member or friend may not interpret for you.**
- You most likely will need blood tests done within 14 days of your procedure. Sometimes, we do this when you arrive for your procedure. We will let you know if we need a blood sample before that day.
- If you have a history of allergy or bad reaction to *contrast* (X-ray dye), call our nurse coordinator at one of the phone numbers on the last page of this handout. You may need medicine for this allergy before the procedure.
- If you take any blood-thinning medicines (such as Coumadin, Lovenox, Fragmin, or Plavix), you may need to stop taking the medicine for 3 to 9 days before the procedure. You will receive instructions about this.

- If you have diabetes and take insulin or metformin (Glucophage), you will receive instructions about holding or adjusting your dose for the day your catheter is placed.

## **Sedation**

- When the CVC is placed, you will be given a sedative medicine (similar to Valium and morphine) through your IV. This medicine will make you sleepy, help you relax, and lessen your discomfort. You will stay awake. This is called *conscious sedation*. You will still be sleepy for a while after the procedure.
- For some people, using conscious sedation is not safe. If this is true for you, you will need *anesthesia* (medicine to make you sleep during the procedure).

Let us know **right away** if you:

- Have needed anesthesia for basic procedures in the past
- Have *sleep apnea* or chronic breathing problems (you might use a CPAP or BiPAP device while sleeping)
- Use high doses of narcotic painkiller
- Have severe heart or lung disease
- Cannot lie flat for about 1 hour because of back or breathing problems
- Have a hard time lying still during medical procedures
- Weigh more than 300 pounds (136 kilograms)

## **Day Before Your Procedure**

To prepare for sedation, follow these instructions closely:

- The day before your procedure, you may eat as usual.
- Starting **6 hours** before your procedure, you may only have *clear liquids* (liquid you can see through, such as water, Sprite, cranberry juice, or weak tea).
- Starting **2 hours** before your procedure:
  - Take **nothing** at all by mouth.
  - If you must take medicines, take them with **only** a sip of water.
  - Do not take vitamins or other supplements. They can upset an empty stomach.
- You **must** have a responsible adult drive you home and stay with you the rest of the day. **You may NOT drive yourself home or take a bus, taxi, or shuttle.**

## On the Day of Your Procedure

- Take all of your other usual medicines on the day of the procedure. Do **not** skip them unless your doctor or nurse tells you to.
- Bring a list of all the medicines you take with you.
- Please plan to spend most of the day in the hospital. If there is a delay in getting your procedure started, it is usually because we need to treat other people with unexpected and urgent problems. Thank you for your patience if this occurs.
- Unless you are told otherwise:
  - **If you are a patient at University of Washington Medical Center (UWMC)**, check in at Admitting on the 3rd (main) floor of the hospital. Admitting is to the right and behind the Information Desk in the lobby.
  - **If you are a patient at Harborview Medical Center (HMC)**, check in at the Ambulatory Procedure Area (APA) on the 8th floor of the Maleng Building.
- A medical assistant will give you a hospital gown to put on and a bag for your belongings. You may use the restroom at that time.
- A staff member will take you to a pre-procedure area. There, a nurse will do a health assessment. Your family or friend can be with you there.
- An IV line will be started. You will be given fluids and medicines through the IV.
- A radiology doctor or physician assistant will talk with you about the procedure and ask you to sign a consent form if that has not already been done. You will be able to ask questions at that time.

## Your Procedure

- The nurse will take you to the radiology suite. This nurse will be with you for the entire procedure.
- You will lie on a flat table that allows the doctor to see into your body with X-rays.
- Wires will be placed on your body to help us monitor your heart rate.
- You will have a cuff around your arm. It will inflate from time to time to check your blood pressure.
- Most times, the catheter is inserted into a vein at the base of your neck (usually on your right side). It comes out the skin below your collar bone (see the picture on page 1).

- A radiology technologist will clean your skin around your neck and chest with a special soap. Tell this person if you have any allergies. The technologist may need to shave some hair in the area the doctor will be working.
- We will place a blue drape next to your head to keep the area sterile. We will make you as comfortable as possible.
- The entire medical team will ask you to confirm your name and will tell you what we plan to do. This is for your safety.
- Then, your nurse will give you medicine to make you feel drowsy and relaxed before we begin.
- If needed, an interpreter will be in the room or will be able to talk with you and hear you through an intercom.
- A local *anesthetic* (numbing medicine) will be applied in 2 spots. You will feel a sting for about 5 seconds. Then the area will be numb and you should not feel sharp pain.
- At one point, we will ask to you to hold your breath.
- The procedure takes about 30 minutes. When it is done, we will put a sterile dressing (bandage) on your chest where the catheter comes out (see picture on page 1).

### **After Your Procedure**

- We will watch you closely for a short time in the Radiology department.
- Then you will go to a recovery area for about 1 to 2 hours to let the sedation wear off. You will be able to eat and drink, and your family may visit you.
- When you are fully awake and are able to eat, use the restroom, and walk, you will be able to go home.
- Problems after this procedure are rare. If they occur, we may need to keep you in the hospital overnight so that we can keep watching you or treat you.
- Before you leave the hospital, your nurse will tell you what activities you can do, how to take care of your catheter, and other important instructions.

## When You Get Home

- Relax at home for the rest of the day. Make sure you have a family member, friend, or caregiver to help you. You may feel sleepy or have some short-term memory loss.
- For 24 hours, do **not**:
  - Drive a car or use machinery
  - Drink alcohol
  - Make important personal decisions or sign legal documents
  - Be responsible for the care of another person
- There is usually only minor pain after CVC placement. If your doctor says it is OK for you to take acetaminophen (Tylenol), this should ease any discomfort you have. If your doctor expects you to have more severe pain, you will receive a prescription for a stronger pain medicine.
- Resume taking your medicines as soon as you start to eat. Take **only** the medicines that your doctors prescribed or approved.
- Do **not** shower or bathe until you have had your dressing changed for the first time, usually 2 to 3 days after your procedure. If water gets on your incision, it will not heal as well. It may also become infected.
- Let the white tapes (Steri-Strips) fall off on their own. This will take a week or more.
- Do **not** scrub the glue that may cover your incision.
- If you **must** shower before your teaching session, cover your bandages with plastic wrap and tape the edges of the plastic to keep your bandages dry. Try to keep the water from hitting your bandages. Gently pat-dry.

## When to Call

Call us **right away** if you have:

- Increased or severe bleeding
- Redness, swelling, or tenderness around the catheter or your neck that is getting worse
- Fever higher than 101°F (38.3°C) or chills
- New shortness of breath or chest pain
- Dizziness
- Vomiting



## **Caring for Your Catheter**

Over time, the main problems that occur with a CVC are that it stops working or it becomes infected. If the catheter stops working, we have ways to fix it. Rarely, it needs to be taken out and a new one placed.

But, infection can be serious. **The best way to avoid infection is through careful catheter care.**

Within 1 to 3 days, a specially trained nurse will teach you how to change your dressing. If this visit is not set up, call your primary doctor to have it scheduled.

When caring for your catheter:

- Make sure the clamps on the catheter are closed when it is not being used.
- Make sure the clamps are **only** on the thick, reinforced area of the catheter.
- Do not use safety pins or scissors near the catheter. It could get cut.
- **If your dressing falls off or becomes very wet:**
  - Put on a new dry dressing with gauze and tape.
  - Call us at 206-598-6200.
- **If your catheter leaks, gets cut, or breaks:**
  - Clamp the catheter close to where it enters your skin.
  - Call your primary care doctor right away.
- Never take the blue Claves (caps) off your catheter. **If a cap falls off:**
  - Make sure the catheter is clamped.
  - Scrub the tip with an alcohol wipe.
  - Place a new cap.
- Keep your dressing supplies clean and dry. Do not store them near the bathroom or kitchen sink.
- If the catheter is **not** being used for dialysis:
  - Keep your bulldog clamp (extra safety clamp) with you at all times.
  - Use plastic tape and the bulldog clamp to attach the catheter close to your chest (for example, on clothing). **Never let it hang loose.**
  - Place tape between the clamp and blue Clave connector on the catheter. Do **not** put tape over the connection between the catheter and the Clave.

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Radiology/Imaging Services:  
206-598-6200

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## Who to Call

### *University of Washington Medical Center (UWMC) Patients*

Interventional Radiology nurse coordinator ..... 206-598-6897

Procedure Scheduling ..... 206-598-6209

After hours (between 5 p.m. and 7 a.m.), and on weekends and holidays

*Ask for the Interventional Radiology Fellow on call*..... 206-598-6190

### *Harborview Medical Center (HMC) Patients*

Patient Care Coordinators..... 206-744-0112 or 206-744-0113

After hours (between 5 p.m. and 7 a.m.), and on weekends and holidays

*Ask for the Interventional Radiology Fellow on call*..... 206-744-0147

### *If You Have an Emergency*

**Go directly to the nearest Emergency Room or call 9-1-1.** Do not wait to contact one of our staff.

# UW Medicine

**Radiology/Imaging Services**  
Box 357115

1959 N.E. Pacific St. Seattle, WA 98195  
206-598-6200