

# Interventional Myelogram Radiology Pre-Procedure Checklist

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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Procedure: \_\_\_\_\_

Please review the following prior to calling the procedural area screening RN:

- Complete Order:** Containing type of procedure, procedure site, side, region, fluid studies and diagnosis. Including orders for CSF studies and intrathecal chemotherapy if needed for LP procedures. **Physician signature, date and time required.**
- History and Physical Exam:** H&P or a clinical note within (30) days prior to procedure and relevant to reason for the procedure including a review of systems, addressing any current problems and the plan of care. If patient was not seen in clinic within the last 30 days, the most recent clinic note or history is requested in addition to reason for exam. **Physician signature, date and time required.** *(As per Rules and Regulations of the Medical Staff of Houston Methodist Hospital Section E2. Perioperative Assessment Requirements items A & B)*
- Labs:** PTT/ PT/INR if the patient is currently taking Warfarin (Coumadin) and any other labs required for procedure. Labs need to be valid at time of procedure; labs expire if collected greater than (30) days prior to procedure.
- Update Demographics:** Name, social security number, date of birth, address, phone number, allergies, weight and mode of transportation (driver)
- Current Medication List:** List of current medications to identify contraindicated medications (i.e. blood thinners, pain medication, antipsychotics, antianxiety, antiepileptic (seizure), metformin)
- Obtain Outside Images**
- Is the patient able to lay flat? -OR- Can the patient lay on his/her side? Yes or No**

Once items are completed please call the Houston Methodist Hospital radiology spinal screening team at the following contact numbers:

Number to Call for Screening: **713-363-7300: Susan Blanchard / Patsy Villanueva**