

Interventional CV Radiology Pre-Procedure Checklist

Patient: _____ **DOB:** _____

Type of Procedure: _____

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

- Complete Order:** Containing the type of procedure, procedure site, side and diagnosis. Including interventions, admission orders and pathology orders as needed. **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:** CBC, PTT/PT/INR, Platelets, BMP 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 (i.e. Iodine), weight and mode of transportation (driver)
- Current Medication List:** List of current medications to identify contraindicated medications. (i.e. blood thinners or metformin)
- Is the patient on Hemodialysis? Yes or No**
Schedule Dates of Hemodialysis (if indicated)
- Is the patient able to lay flat? Yes or No**
- Obtain outside images, if applicable**

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

Patsy Villanueva: Monday through Friday 713-441-8094