



**RADIOLOGY DEPARTMENT  
SARAWAK GENERAL HOSPITAL**



**CHECKLIST FOR INTERVENTIONAL RADIOLOGICAL PROCEDURES**

ITEMS	CHECK	REMARK
KKM RADIOLOGY REQUEST FORM		
KKM PROCEDURAL CONSENT		
KKM IV CONTRAST CONSENT		
PREDNISOLONE: - First Dose - Second Dose		
ANTI-COAGULATION: <i>*Please specify type, date and time last served.</i>		
INVESTIGATIONS	RESULT	DATE
WBC		
HGB		
PLT		
PT		
INR		
APTT		
Sodium		
Potassium		
Urea		
Creatinine		
<b>BIOHAZARD STATUS</b>		
<b>INFECTIOUS STATUS</b>		
UPT		
COMPULSORY ITEMS TO BRING ALONG / TO-DO		
SEDATION		
PERIPHERAL IV LINE ( <b>FUNCTIONING</b> )		
PREVIOUS IMAGING/ PROCEDURAL REPORTS ( <b>CD IF DONE IMAGING OUTSIDE</b> )		
PATIENT SENT DOWN WITH TROLLEY		
ANTIBIOTICS <i>(IF REQUESTED)</i>		

PATIENT'S NAME:

IC:

PROCEDURE:

DATE OF PROCEDURE:

Reference Values:

- Life-Threatening Cases:**  
Hb/Platelet/INR – TO D/W IR team
- Elective/ Urgent Cases:**  
Hb > 8  
Platelet > 50  
INR < 1.5

FILLED BY:  
(PRIMARY TEAM)  
Doctor's Name:

ESCORTING MO/MO IN-CHARGE:

VERIFIED BY:  
Doctor's Name (RADIOLOGY):

***\*All boxes above must be checked before sending patient to radiology department.***

***\*Please submit completed form to Angio Suite day before or by 7.30am on the day of procedure. Failure to do so will result in case not being called.***