



**RADIOLOGY DEPARTMENT  
SARAWAK GENERAL HOSPITAL**



**CHECK LIST FOR INTERVENTIONAL RADIOLOGY PROCEDURES**

ITEMS	CHECK	REMARK
KKM RADIOLOGY REQUEST FORM		
KKM PROCEDURAL CONSENT		
KKM IV CONTRAST CONSENT		
KKM SSSL POCL VER.2.0		
PREDNISOLONE: - First Dose - Second Dose		
ANTI-COAGULATION: <i>*Please specify type, date and time withheld.</i>		
INVESTIGATIONS	RESULT	DATE
HB		
WBC		
PLT		
INR		
PT		
APTT		
Na		
K		
Urea/Creatinine		
Hep B/Hep C status		
RVD status		
Other known Infectious status		
UPT		
Others:		
COMPULSORY ITEMS TO BRING ALONG / TO-DO		
SEDATION		
PERIPHERAL IV LINE		
PREVIOUS IMAGINGS / PROCEDURAL REPORTS		
PATIENT BROUGHT DOWN WITH TROLLEY		
ANTIBIOTICS <i>*For specific procedures only - please refer to patient preparation form.</i>		

PATIENT'S NAME:

IC:

PROCEDURE:

DATE OF PROCEDURE:

Reference:

Life-Threatening Cases:  
Hb/Platelet/INR – D/W IR team

Urgent/ Semi-Urgent Cases:  
Hb > 8  
Platelet > 50  
INR < 1.5

Elective Cases:  
Hb > 9  
Platelet > 80  
INR < 1.5

FILLED BY:

(PRIMARY TEAM)  
Doctor/SN Name:

ESCORTING MO/MO IN-CHARGE:

VERIFIED BY:

Doctor/SN Name (RADIOLOGY):

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

***\*Please submit completed form to Angio Suite before 7AM on the day of procedure. Failure to do so will result in case not being called.***