

	HOSPITAL SULTAN ABDUL AZIZ SHAH Kod Dokumen: HSAAS/RADIO/BR03
	RADIOLOGY POST ANGIOGRAM ORDERS AND HAND-OFF

(Kindly stick patient sticker) Name: MRN: I/C No: Clinic / Ward:	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Procedure :

RADIOLOGY POST PROCEDURE ORDERS

- Vital signs every ½ hour for the first 4 hours.
- Check puncture site(s) Right groin Right wrist/elbow
 Left groin Left wrist/elbow

(For bleed/swelling, every 15 minutes for the first 2 hours, then ½ hourly for the next 2 hours)
If bleeding/swelling, apply pressure and inform the doctor involved

- Allow orally or refer back to the anaesthetist if the patient undergone procedure under sedation/GA.
- Observe for allergic reaction to contrast media eg. rashes,itchiness.
- Patient to be on CRIB for 4-6 hours (usually for leg approach).
- Patient should not bend the leg at the hip, sit up, stand up or to turn over during this period.
- The patient should therefore be assisted when eating or drinking, passing urine, etc during the time.
- Check relevant pulse: Radial (for arm approach)
 Posterior Tibialis } (for leg approach)
 Dorsalis Pedis }

9. Special Instruction:

Specialist/Medical Officer
Signature & Official Stamp

RADIOLOGY POST ANGIOGRAM HANDOFF

- 1. Diagnosis : _____
- 2. Procedure Done : _____
- 3. Findings : _____
- 4. Dressing : _____
- 5. Others : _____
- 6. a) Level of consciousness : Conscious Drowsy Unconscious
- b) Vital signs : BP : _____ mmHg
 Pulse : _____ /min
 SPO₂ : _____ %
 Temp : _____
- 7. a) Medications : _____
- b) Sedation : _____
- 8. a) IV blood products : _____
- b) Significant event : _____

Hand Over by **Name:** _____ **Staff No:** _____

Date and Time : _____

Received by **Name:** _____ **Staff No:** _____

Date and Time : _____