

MEDICAL RECORD**Report of Performance
of Radiological Procedure****PRE-PROCEDURE** List pain score here _____ (Pain score: 0=No pain / 10=Worst Pain)

Started	Date	Allergies			Diagnosis		
Age	Sex				Type of Procedure		
Height	Weight	Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Lab Values	PT	PTT	PLTS	WBC	HCT	HgB	
	NA	K	CL	GLU	BUN	Creat	
Vital Signs	BP	Pulse	Resp	O ₂ Sat			
Radiologist				Nurse: 1	2		

Technologist(s)

PROCEDURE List pain score here _____ (Pain score: 0=No pain / 10=Worst Pain)

Ended	Vital Signs Monitor Via: <input type="checkbox"/> BP/NIBP <input type="checkbox"/> O ₂ Sat <input type="checkbox"/> EKG	Type of Anesthesia <input type="checkbox"/> Conscious Sedation <input type="checkbox"/> General Local _____
<u>Catheters/Needles</u>		Contrast _____ Amt _____
		Total Fluoroscopy Used _____ Total _____
		IV Fluids Used _____ Total _____
		Drugs Used _____ Total _____
		_____ Total _____
		_____ Total _____

POST-PROCEDURE List pain score here _____ (Pain score: 0=No pain / 10=Worst Pain)

Vital Signs	BP	Pulse	Resp	O ₂ Sat	<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable
Condition at Discharge: <input type="checkbox"/> Alert and Oriented <input type="checkbox"/> Obtunded <input type="checkbox"/> Unconscious <input type="checkbox"/> Discharged to:						
Discharge/Education Instructions Given to Patient/Family: <input type="checkbox"/> Arterial <input type="checkbox"/> Biopsy <input type="checkbox"/> Venous <input type="checkbox"/> VAD <input type="checkbox"/> Other:						
Specimen(s) and Destination: <input type="checkbox"/> Cytology _____ <input type="checkbox"/> Microbiology _____ <input type="checkbox"/> Unit _____ <input type="checkbox"/> MD _____ <input type="checkbox"/> Other _____						
Comments						

Radiologist Notes

Radiologist Signature

Date

Nurse Signature

Date

Patient Identification

 Report of Performance of Radiological Procedure
 NIH-2738 (8-03)
 P.A. 09-25-0099
 File in Section 3: Diagnostic Radiology