RADIOLOGY USE	
DATE	
RECEIVED TIME	





SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM DEPARTMENT OF RADIOLOGY CHECKLIST FOR SENDING/RECEIVING PATIENT (INTERVENTION PROCEDURE IN RADIOLOGY)

NAME	RN	
NRIC/PASSPORT NO.	WARD	
PROCEDURE		

PRE-PROCEDURE

CHECKLIST	SENDING	RECEIVED	REMARK
NAME / ID BANDS			
PASS URINE (URINATED)			
CONSENT FORM SIGNED			
– PROCEDURE			
– ANESTHESIA			
– BLOOD TRANFUSSION			
BLOOD PRODUCTS			
PATIENT FOLDER			
– MEDICATION CHART			
– VITAL SIGN CHART			
– LAB RESULTS			
– RADIOLOGY IMAGES			
LAST MEAL	TIME :		
ALLERGIES			
BRANULLA/ CVL/ PICC			
MEDICATIONS			
– GIVEN			
– BRING FOR PROCEDURE			
WOUND SITE			
DRESSING (COVER WITH)			
DRAINAGE / CBD			
INFECTIOUS DISEASES			
GLASSES / CONTACT LENS			
DENTURES REMOVED			
JEWELLERY REMOVED			
SPECIMEN			
ITEMS BROUGHT WITH PATIENT			
REMARKS			
REMARKS			
CHECKED BY (NAME / TIME)			
(INAIVIE / TIIVIE)			



SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM <u>POST-PROCEDURE</u>

CHECKLIST	SENDING	RECEIVED	REMARK
NAME / ID BANDS			
CONSENT FORM SIGNED - PROCEDURE - ANESTHESIA - BLOOD TRANFUSSION			
BLOOD PRODUCTS			
PATIENT FOLDER - MEDICATION CHART - VITAL SIGN CHART - LAB RESULTS - RADIOLOGY IMAGES			
ALLERGIES			
BRANULLA/ CVL/ PICC			
MEDICATIONS – GIVEN – BRING FOR PROCEDURE WOUND SITE			
DRESSING (COVER WITH)			
DRAINAGE / CBD			
SPECIMEN			
ITEMS BROUGHT WITH PATIENT			
REMARKS			
CHECKED BY (NAME / TIME)			