



# PERMCATH (NEW PLACEMENT)

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT #:

**ORDERS**

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

**BLOOD THINNERS:**

- ASPIRIN\_\_\_\_\_MG
- PLAVIX/COUMADIN/WARFARIN\_\_\_\_\_MG
- IBUPROFEN/MOTRIN/ADVIL

**DC DATE:**\_\_\_\_\_ **LAB DATE:**\_\_\_\_\_

LABS: (CBC, PT, PTT)

WHERE DRAWN:

SENT TO:

- NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO PROCEDURE
- DRIVER/TRANSPORT
- PATIENT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY:\_\_\_\_\_



**INTERVENTIONAL RADIOLOGY DEPARTMENT**  
**(916) 732-7777**



# PERMCATH (INFECTED)

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT#:

### ORDERS

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

### BLOOD THINNERS:

- ASPIRIN \_\_\_\_\_ MG
- PLAVIX/COUMADIN/WARFARIN \_\_\_\_\_MG
- IBUPROFEN/MOTRIN/ADVIL

**DC DATE:** \_\_\_\_\_ **LAB DATE:** \_\_\_\_\_

LABS: (CBC, PT, PTT)

WHERE DRAWN:

SENT TO:

- ANTIBIOTICS: YES/NO
- CULTURES DONE: YES/NO
- NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO PROCEDURE
- DRIVER/TRANSPORT
- PATIENT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY: \_\_\_\_\_