

SIR CHARLES GAIRDNER HOSPITAL DEPARTMENT OF NUCLEAR MEDICINE AND WA PET SERVICE CHECKLIST	URN: _____ Surname: _____ Forename: _____ Gender: _____ DOB: _____
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Proposed scan: _____	Date of scan: _____	
Fasted: <input type="checkbox"/> yes <input type="checkbox"/> no	Time: _____	
IV access: <input type="checkbox"/> yes <input type="checkbox"/> no	Type: _____	
Weight: _____	Height: _____	
Caffeine free: <input type="checkbox"/> yes <input type="checkbox"/> no	Time: _____	
Diabetic: <input type="checkbox"/> yes <input type="checkbox"/> no	BSL: _____ notify if over 10 mmols	
Claustrophobic: <input type="checkbox"/> yes <input type="checkbox"/> no	Pain scale: _____	
Pre med given: _____	Time: _____	
Allergies: _____	Allergy Sticker	
Pulse: _____	BP: _____	Resps: _____
Time of last void: _____	Incontinence pad changed: <input type="checkbox"/> yes <input type="checkbox"/> no	

Special care	Physical impairments	Prostheses sent with pt
O2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual <input type="checkbox"/> Yes <input type="checkbox"/> No	Z/Frame <input type="checkbox"/> Yes <input type="checkbox"/> no
IV <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Eyeglasses <input type="checkbox"/> Yes <input type="checkbox"/> no
IDC <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard of hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	Dentures <input type="checkbox"/> Yes <input type="checkbox"/> no
Drain <input type="checkbox"/> Yes <input type="checkbox"/> No	Continent <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing aid <input type="checkbox"/> Yes <input type="checkbox"/> no
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	Falls Risk <input type="checkbox"/> Yes <input type="checkbox"/> No	

Precautions Yes No

Pregnant Yes No

This form MUST be completed and sent with patient for all Nuclear Medicine and PET Scans

Nurse: _____

Print name signature

Ward: _____

DEPARTMENT OF NUCLEAR MEDICINE AND WA PET SERVICE CHECKLIST

