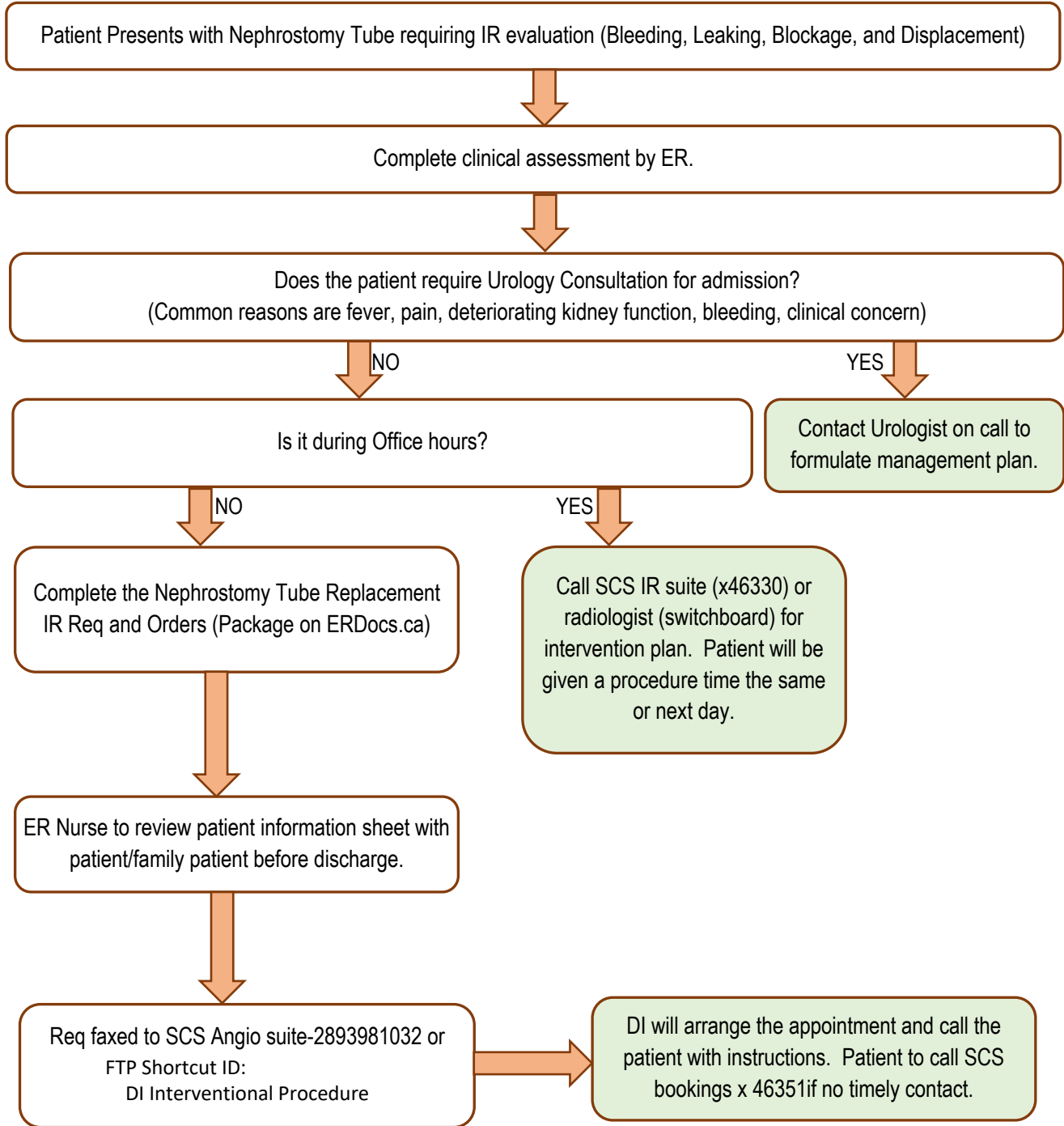


Place sticker here

Nephrostomy Replacement ED Pathway



INTERVENTIONAL RADIOLOGY REQUEST

Emergency Department
Nephrostomy
Replacement Req ONLY

Fax to 289-398 1032

or

FTP Shortcut ID:
DI Interventional Procedure

DO NOT fax to regular bookings. This req has to go directly to IR suite at SCS

PHYSICIAN INFORMATION

Ordering Physician:		Last Name	First Name
Please Print:		Date of Birth (dd/mm/yyyy)	
Signature:		Address	City
Phone	Fax	OHCN/OHIP#	Version Code
Contact #:	Copies to:	Phone:	Mobile:
Discussed with Radiologist:		Email:	
<input type="checkbox"/> Y <input type="checkbox"/> N	Name of Radiologist:		

EXAM REQUESTED

All interventional radiology procedures including CT biopsy and US biopsy. (US breast, US thyroid and US small parts excluded) Please specify Lymphoma protocol, AFB, Fungal Culture.

CLINICAL INFORMATION / RELEVANT HISTORY: (include specific question to be answered)

Please answer the following:

- Patient's Weight: _____
- Y N Known renal disease?
- Y N Known diabetes?
- Y N Known hypertension?
- Y N Know contrast allergy?
- Y N On Metformin?
- Y N Can patient sign consent?
- Y N Anticoagulant or antiplatelet?

If yes, specify: _____

Relevant tests already performed:

- CT
 Ultrasound
 X-Ray
 Angio
 Nuc Med
 MRI

Dates/Locations: _____

DIAGNOSTIC IMAGING USE ONLY

Approved by Interventional Radiologist? <input type="checkbox"/> Y <input type="checkbox"/> N	Protocol #: _____
Please provide comments: _____	
Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent	Pre-medication required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Modality <input type="checkbox"/> US <input type="checkbox"/> CT <input type="checkbox"/> IVR <input type="checkbox"/> Rm6	Recovery bed required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tech Notes <input type="checkbox"/> FTP to IVR - SCS <input type="checkbox"/> IP Unit Notified	Performing DR: <input type="checkbox"/> IR <input type="checkbox"/> Other Radiologist <input type="checkbox"/> GNG <input type="checkbox"/> WHS
Tech name: _____	Approved by: <input type="checkbox"/> SA <input type="checkbox"/> MA <input type="checkbox"/> ABR <input type="checkbox"/> MC
	Appointment: _____
	Date _____ Time _____

To be completed by GNG/WHS Procedure Radiologist (if applicable)

Exam to be performed at SCS GNG WHS Radiologist: (Print Name) _____

Nephrostomy Replacement ED/DI Patient Information Sheet

Appointment Date and Time _____
(if given by Interventional Radiologist)

The Emergency Department (ED) has referred you to have your nephrostomy tube evaluated and possibly replaced. Please make sure that you read this sheet carefully before leaving the ED and have all your questions answered by the staff.

This is an outpatient procedure that will be booked for you within 1-2 business days by the Diagnostic Imaging Department:

1. The procedure will be done at the Diagnostic Imaging Department at the St Catharines Site in the next 1-2 business days. It is located at 1200 Fourth Street Louth, St Catharines, ON.
2. You will need to arrive ½ hour before your scheduled appointment for your nephrostomy replacement to register at the main registration at the hospital for the procedure. **There is no specific preparation required.**
3. If not given an appointment before leaving the ED today, make sure you call in the morning of the first upcoming business day to get your appointment. Dial the hospital number 905-378-4647 then ext. 46351
4. The ED has no control over the appointment. It is booked directly by the Radiology bookings office. It is very important that you call and make sure you get your appointment ASAP. There is no follow up arranged through the ED after the procedure.
5. Please make sure your urologist's office is aware of the events should you require further care and follow up.
6. If your symptoms are worsening, especially if you have fever or severe pain, feeling unwell or excessive bleeding, please call 911 to return to the ED for reassessment.

After your nephrostomy tube evaluated or replacement, make sure you maintain your follow-up with your regular doctors (e.g. urologist or oncologist) for further care.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradocs.ca or by calling Healthcare Connect Ontario at 1-800-445- 1822. The city of St Catharines provides similar information on their website www.stcatharines.ca or by calling 905.359.6043.

Thank You

PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM ED