

PATIENT'S INFORMATION
(Please Stick Label)

IMAGING CENTRE

CHECKLIST FOR POSITRON EMISSION TOMOGRAPHY – COMPUTED TOMOGRAPHY (PET-CT) SERVICES

Type of Examination:

☐ Cardiac ☐ Whole body

Height: _____ cm

Weight: _____ kg

Baseline Blood Glucose: _____ mmol/L

Please Tick (✓)

Number	Pre-Procedure (Check By Cardiac Angiographer Or Staff Nurse)	Yes	No	Not applicable
1.	Correct patient's identifications - Patient's name and MRN			
2.	PET-CT procedure stated in request form and consent form			
3.	Valid consent form available			
4.	Able to lie down for 30 - 45 minutes			
5.	History of claustrophobia or orthopnoea			
6.	Pregnant (Date of Last Menstrual Period: _____)			
7.	Breastfeeding			
8.	Fasting – (Last meal and drinks: _____)			
9.	Diabetes			
10.	Renal profile – Creatinine is in normal range			
11.	Any history of: i. Allergies			
	ii. Asthma			
	iii. Reaction to contrast agent			

Number	During and Post Procedure			
12.	Vital Sign	Pre	During	Post
	BP			
	Pulse			
	Pain Score			
			Yes	No
13.	After procedure is completed, any sign of high risk for fall?			
14.	If Yes, intervention done?			
15.	Any sign of contrast media reaction?			
16.	If Yes	1. What is the severity of contrast reaction? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Yes	No
		2. Relevant doctor has been informed		
		3. Any medication given?		
		4. Name and dosage of medication		

Check By	Name	Signature	Date	Time
Cardiac Angiographer				
Staff Nurse				

¹⁸F-FDG details

	Total activity (mCi)	Time
¹⁸ F-FDG dispensed		
¹⁸ F-FDG injected		
¹⁸ F-FDG residual		
¹⁸ F-FDG total injected		

Blood glucose level and insulin details (for Viability)

Total glucose drink (Trutol) given: _____

Time	Glucose level (mmol/L)	Insulin (Unit)	Patient's Condition	Prepared by	Checked by

Heparin details (for Sarcoidosis/Inflammation)

Time	Heparin (Unit)	Patient's Condition	Prepared by	Checked by

IV Contrast (Iomeron 350)

☐ Yes ☐ No

Oral Gastrografin (3%)

☐ Yes ☐ No

Verified by:

Signature : _____ Name : _____

Date : _____ Time : _____