INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION
(Please Stick Label)

VENTRICULAR ASSIST DEVICE IMPLANT CHECKLIST

DIAGNOSIS :				
OPERATION :				
WEIGHT :	HEIGHT :	DATE OF OPERATION :		
TESTS	DATE	RESULTS		ABNORMAL RESULTS TO BE CHARTED
		YES	NO	
FULL BLOOD COUNT				
RENAL PROFILE				
LIVER FUNCTION TEST				
INR				
COAGULATION PROFILE				
RBS / FBS				
ESR				
CRP				
SEROLOGY : VDRL / HIV				
HEP B / HEP C				
SE MG / CALCIUM				
CK / CKMB				
BLOOD GROUPING AND SCREENING				
MRSA SCREENING (NASAL & THROAT)				
URINE FEME				
URINE C&S				
ECG				
CXR				
2D ECHO				
ULTRA SOUND ABDOMEN				
DOPPLER TEST				
LUNG FUNCTION TEST				
6 MIN WALK TEST				
DENTAL CLEARANCE				
IODINE SENSITIVITY TEST				
SHAVING				
OCTENISAN BATH / THYMOL GARGLE				
VAD PUMP TALK				
PRE OP PHYSIO COUNSELLING				
DIET COUNSELING				
PATIENT COUNSELLING				
CONSENT - C/T SURGEON & ANAEST.				
PRE ANAESTHESIA ASSESSMENT				

Nurse In Charge :

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Signature
Name :
Date :