

PATIENT'S INFORMATION
(Please Stick Label)

IMAGING CENTRE
CHECKLIST FOR NUCLEAR CARDIOLOGY (TECHNETIUM SCAN)

WEIGHT: _____ kg

Please Tick (✓)

Number	Pre-Procedure (Check By Staff Nurse or Cardiac Angiographer)	Yes	No
1.	Correct patient's identifications - Patient's name and MRN		
2.	Nuclear Cardiology Procedure stated in request form and consent form		
3.	Valid consent available		
4.	Able to lie down for 20 minutes		
5.	Any history of claustrophobia or orthopnoea		
6.	Pregnant? (Date of LMP – for female of child bearing age: _____)		
7.	Breast-feeding. If yes, post procedure breast-feeding advised.		
8.	Any intake of caffeine or carbonated drinks (coffee, tea, chocolate or coke) – on the day of procedure.		

Please Tick (✓)

Number	Pre-Procedure (Check By Cardiovascular Technologist)	Yes	No
9.	Patient able to undergo the requested mode of stress test.		
10.	If No to number 9, the relevant doctor consulted.		
11.	Hypertensive drugs and nitrates stopped 6 hours before procedure.		
12.	Do bring along prescribed medication.		
13.	Bronchial asthma. If yes, on any medication? - To proceed with Dobutamine stress test		

Number	Pre, During and Post Stress Phase (Check By Cardiovascular Technologist)					
14.	Vital Sign	Pre	During	Post		
	BP					
	Pulse					
	Pain score					
					Yes	No
15.	After procedure is completed, any sign of high risk for fall?					
16.	If Yes, intervention done?					

Check By	Name	Signature	Date	Time
Cardiac Angiographer				
Cardiovascular Technologist				
Staff Nurse				