

**Department of Radiology 放射科****Appointment Sheet 預約通知**

Interventional Radiology 介入性放射學

Examination:

**香港兒童醫院**

Hong Kong Children's Hospital

Please use Block Letter or Affix Label

Name:

Code:

ID No.:

Appointment Date:

Ward/Bed:

**VIR**

以上預約時間只作參考, 檢查當日請於病房等候通知  
*Appt. Time for reference only, please standby at ward until further notice*

**Admission 入院****Sedation 鎮靜程序****Instructions for Patient and Patient's Parents/Guardian**

致病人及家長/監護人的指示

**1. Consult your referring unit for an admission slip**

請向轉介你的專科部門索取入院文件

**2. Children should be accompanied by parents/guardian until arrival at the examination room**

在檢查當日, 兒童必須由家長或監護人陪同

**3. For patient with diabetes mellitus on medications, consult paediatrician or nurse if necessary**

如正在服用處方藥物的糖尿病患者, 請諮詢兒科醫生或護士

**4. Follow the fasting preparations below indicated with a "tick" ☒**請跟據 ☒ 指示進行禁食指導

**Your child requires sedation service for the interventional radiology examination. A Pre-Anaesthesia Clinic (PAC) appointment will be arranged for the patient where Anaesthetist will perform Pre-Sedation Assessment and explain Fasting Instruction.**

你的孩子需要接受鎮靜程序以配合介入性治療。

麻醉科醫生會約見病童作鎮靜程序前評估及講解《鎮靜程序及禁食指示》, 敬希家長 陪同應診。

**Fasting 4 hours before exam**

檢查前 4 小時不可飲食

**For patient with previous iodinated contrast reaction, take steroid premedication as prescribed.**

曾有造影劑反應病歷的病人, 需要服用抗敏感藥(類固醇) (請參考類固醇預防用藥指引)

**Preparation by Ward****Part I (to be completed by Medical Staff)****1. Check for evidence of coagulation defect (within 2 week)**INR: \_\_\_\_\_ ( $\leq 1.5$ )<sup>1</sup>Platelet: \_\_\_\_\_ ( $>50 \times 10^9/L$ )<sup>1</sup>If INR  $> 1.5$  or Platelet count  $\leq 50 \times 10^9/L$ , contact IR radiologist at 3513 6100 for special arrangement

辦公時間: 週一至週五上午 9 時至下午 1 時及下午 2 時至下午 5 時。週六, 週日及公眾假期休息。

地址: 香港九龍承昌道 1 號香港兒童醫院 B 座 2 樓放射科

電話號碼: 3513 6100(日間) 傳真號碼: 3512 7601

2. For patient under anti-coagulation or anti-platelet treatment, contact IR radiologist at 35136100 for special arrangement
3. For patient with previous contrast reactions, steroid premedication is required (refer to Guidelines on Iodinated Contrast Media & Use of Steroid Premedication)
4. Prepare a valid Informed Consent Form
5. Pre-procedure site or side marking is required when appropriate
6. Pregnancy should be excluded for female patient  $\geq 10$  years old
7. Please prescribe antibiotics if necessary

## Part II (to be completed by Nursing Staff)

8. Fasting
  - 8a. For patient who may need contrast injection, keep fasting for 4 hours
  - 8b. For patient who may need sedation, keep fasting according to Sedation Guideline
9. Prepare (shave and clean) both groin areas for arterial puncture
10. Patient should empty bladder before coming to IR Suite
11. Patient should wear hospital gown (開口紫袍) and OT cap and be transported on stretcher
12. Nurse escort is required for all cases to and from Department of Radiology
13. Doctor and nurse escorts are required for all urgent cases
14. For patients on transfusion of blood products, nurse from referring unit must stay behind in Department of Radiology
15. Prepare peripheral IV access at non-affected side of patient prior to the examination
16. ☐ Bring along \_\_\_\_\_ to Department of Radiology

## General Remarks

1. The scheduled appointment will be cancelled if Tropical Cyclone Warning Signal No. 8 or above is in force. Services will be resumed 2 hours after cancelling or lowering of the warning signal, given that it is not within 2 hours of the closing time. The Department of Radiology will reschedule any cancelled appointment and inform you as soon as possible.  
當天文台懸掛 8 號或更高熱帶氣旋警告期間，已預約之檢查將會取消，直至解除暴風警告後兩小時，放射科服務會恢復正常。因風暴取消的檢查將重新安排，新擇預約日期及時間會於稍後盡快通知。
2. The scheduled appointment will be cancelled if Black Rainstorm Warning Signal is issued outside of service hours. Services will be resumed 2 hours after cancelling or lowering of the warning signal, given that it is not within 2 hours of the closing time. If the warning signal is issued within service hours, services will continue as normal. The Department of Radiology will reschedule any cancelled appointment and inform you as soon as possible.  
若天文台於當日放射科服務時間前開始懸掛黑色暴雨警告，暴雨期間已預約之檢查將會取消，直至解除黑色暴雨警告後兩小時，放射科服務會恢復正常。若於服務時間內懸掛黑色暴雨警告，則本部門會照常服務。因暴雨取消的檢查將重新安排，新擇預約日期及時間會於稍後盡快通知。
3. If you need to re-schedule/cancel the appointment or if the patient has a fever the day before or on the day of examination, please contact us at 3513 6100 as soon as possible.  
如果你需要取消或更改預約時間，又或在檢查前一日或當日，病人有發燒情況，請盡早致電 3513-6100 與本部門聯絡。
4. If there is any possibility that the patient could be pregnant, it is essential to inform Radiology staff before the examination. 如檢查當日病人可能已懷孕，請通知放射科當值人員。
5. Bring along any private imaging (films and CD) with report if available for reference.  
檢查時，請攜同私家影像檢查記錄及報告，以作參考。
6. Children, other than the patient, must be accompanied by relatives or caregivers.  
如需攜同其他孩童應約，請有足夠親友或照顧者陪同。

## References

#1. Addendum of Newer Anticoagulants to the SIR Consensus Guideline. SIR, 2013

Signature: \_\_\_\_\_ for COS, Department of Radiology, HKCH Date: \_\_\_\_\_

Office hour: Mon-Fri: 9:00am-1:00pm, 2:00pm-5:00pm. Sat, Sun and PH: Closed

Address: Department of Radiology, 2/F Tower B, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon

Telephone: 3513 6100 (General Office) Facsimile: 3512 7601