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| **RADIOLOGY PRE-PROCEDURE H&P NOTE** |

**PLANNED PROCEDURE:**

\*\*\* (currently on schedule for \*\*\*)

**HISTORY OF PRESENT ILLNESS:**

@NAME@ is a @AGE@ @SEX@ \*\*\*.

**Relevant Past Procedural History**

None

**PAST MEDICAL HISTORY:**

**@MEDICALHX@**

**@SURGICALHX@**

**@ALLERGY@**

**@MED@**

**VITAL SIGNS:**

**@VITALSM@**

**PHYSICAL EXAM**

**General**: no acute distress

**Neurological**: oriented x3, moves all extremities x4

**Pulmonary**: not in respiratory distress

**Abdominal:** \*\*\*

**Extremities:** warm and well perfused \*\*\*

**Pulses:** 2+ DP and PT bilaterally \*\*\*

**Other:** \*\*\*

**CBC, Creatinine:**

@RCNTLABS1YEAR(WBC:3,ANC:3,HGB:3,HCT:3,PLT:3,CREAT:3)@

@LASTANC@

**Liver Panel:**

@RCNTLABS1YEAR(AST:5,ALT:5,ALKP:5,TBILI:5,TP:5,ALB:5,GGT:5)@

**Coags:**

@RCNTLABS1YEAR(PTT:5,INR:5)@

**PRIOR IMAGING:**

**\*\*\***

**ASSESSMENT:**

@NAME@ is a @AGE@ @SEX@ who is planned to undergo \*\*\* for the following \*\*\*(indication) on \*\*\*\*date.

**Given a chart review the patient has the following safety considerations:**

**Hemodynamic stability concerns:** none identified

**Respiratory status concerns:** none identified

**Aspiration concerns:** none identified

**Allergies relevant to the planned procedure:** none identified

**Bleeding risk factors:** noneidentified

**Infection risk factors:** none identified

**Other contraindications to the procedure:** none identified

**PLAN:**

**Given the above assessment the following plan will be set into place:**

**Additional diagnostic workup:** none

**Sedation plan:** conscious sedation

**Anesthesia support:** not required for this case

**Diet plan:** NPO night before the procedure

**Premedication for allergies:** not required

**Administration of blood products:** not required

**Anticoagulation plan:** N/A for this procedure

**Antibiotic plan:** N/A for this procedure

**Other peri-procedural management:** none