

RADIOLOGY PROCEDURE QUESTIONNAIRE

Please note that this document must accompany the referral note.

Patient Name:	DOB:		
Type of procedure	Level of urgency:		
Referring clinician:	Ward or outpatient?		Pregnant?
	WARD	OUT	YES NO

To minimise peri-procedural bleeding risk, please answer the following regarding your patient:

Current anticoagulant or antiplatelet medication, incl. dose:				
Has the patient stopped the medication? If so, when?				
Any reversal agents given? If so, when?				
Recent INR / aPTT / PT / platelets / Hb (as relevant – SEE OVERLEAF): If so, date and result:				
INR:	aPTT:	PT:	Platelets:	Hb:
Date:	Date:	Date:	Date:	Date:
History of prior or current coagulopathy? (e.g. Haemophilia / Von Willebrands / DIC / Thrombocytopenia / anti-phospholipid syndrome):				
Confirmed or suspected intrinsic liver disease or biliary obstruction? Please provide details:				
Medication / Contrast allergies:				

Referring clinician signature

Date

Patient signature

Date

Summary – preprocedure bloodwork and parameter thresholds:

Category 1: Non-vascular Procedures with Low Risk of Bleeding, Easily Detected and Controllable

Procedures	Preprocedure Laboratory Testing	Management
<ul style="list-style-type: none"> • Drainage catheter exchange (biliary, nephrostomy, abscess catheter) • Thoracentesis • Paracentesis • Superficial aspiration/drainage (excludes intrathoracic or intraabdominal sites) • Superficial biopsy (thyroid, superficial lymph node, breast) • Facet + joint injections 	<p>INR: recommended if:</p> <ul style="list-style-type: none"> • Patients receiving <u>warfarin</u> • Known/suspected <u>liver disease</u> • Known history of <u>coagulopathy</u> • Reliable patient <u>risk history</u> not obtainable <p>Platelet count: not routinely recommended, unless known history of <u>coagulopathy/platelet dysfunction</u></p>	<p>INR: correct to < 2</p> <p>Platelets: Transfusion recommended for counts <50,000/μl</p>

Category 2: Non-vascular Procedures with Moderate Risk of Bleeding

Procedures	Preprocedure Laboratory Testing	Management
<ul style="list-style-type: none"> • Intraabdominal (not liver/spleen), retroperitoneal (not renal), lung + chest wall – drainage or biopsy • Percutaneous cholecystostomy • Gastrostomy: initial placement + exchange • RFA procedures: simple • Spine procedures (vertebroplasty, kyphoplasty lumbar puncture, myelography, epidural injection) • Biliary tube exchange 	<p>INR: recommended</p> <p>Platelet count: not recommended, unless known history of <u>coagulopathy/platelet dysfunction</u></p>	<p>INR: correct to <1.5</p> <p>Platelets: Transfusion recommended for counts <50,000/μl</p>

Category 3: Non-vascular Procedures with Significant Bleeding Risk, Difficult to Detect or Control

Procedures	Preprocedure Laboratory Testing	Management
<ul style="list-style-type: none"> • Renal/hepatic/splenic biopsy • Biliary intervention (new tract) • Nephrostomy: original + exchange • RFA procedures: complex 	<p>INR: recommended</p> <p>Platelet count: recommended</p> <p>Hb: recommended</p>	<p>INR: correct to <1.5</p> <p>Platelets: Transfusion recommended for counts <50,000/μl</p>

Summary – drug discontinuation

Intravenous heparin infusion – stopped or reversed for aPTT values > 1.5 times normal values.

LMWH: Category 1+2 – withhold for 12 hours (or 1 dose) before procedure. Category 3 – withhold for 24 hours (or 2 doses) before procedure.

Warfarin – discontinued 5 days before all procedures, INR levels to be checked on day of procedure.

Clopidogrel – withheld for 5 days before a procedure.

Aspirin LD – withheld for 5 days only for Category 3, otherwise continued.

NSAIDs – withheld for 24 hours-10 days only for Category 3 procedures. See SCP Radiology Policy on website for specific details. <https://www.scp.co.za/services/clinician-forms/>

New oral anticoagulants (rivaroxaban, apixaban, edoxaban, and dabigatran) – stop at least 1 day before elective procedures. Longer drug holidays (3-5 days) needed for patients with renal dysfunction who receive dabigatran and patients with hepatic dysfunction who are treated with apixaban.

Antiplatelet agents (ticlopidine, clopidogrel, prasugrel, ticagrelor) – stop 5 days before elective procedures.

Glycoprotein IIb/IIIa receptor antagonists (abciximab, eptifibatide, tirofiban) – reversing the effects of these agents can be achieved by means of discontinuation and allowing time for clearance. Abciximab has an approximate 12-hour pharmacological effective half-life, whereas the other agents are shorter acting (2-4 hours).