SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

Referring Physician: *(print first, last):* ______________________
CPSO# ____________ Signature: ______________________
Address: ______________________
Office Phone: ______________ Office Fax: ______________
Date: dd / mm / yy

Interventional Radiology Requisition

Please fax to (905) 830-5966

BY SIGNING THIS REQUISITION, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS PROCEDURE AND HAS BEEN PROVIDED WITH ALL APPROPRIATE INSTRUCTIONS, INCULDING MEDICATION INSTRUCTIONS (SEE BELOW), TO PREPARE

Patient Name: *(print first, last)*		**Date of Birth:** dd / mm / yy
Address: Street Number + Name Apartment		**Patient Weight:** ________ **kg**
City Province Postal Code		**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ❑ Text ❑ Email (for patient privacy information see the next page)

Patient not available: From: dd / mm / yy To: dd / mm / yy

Hoyer Lift Required? ❑ Yes ❑ No **Patient arriving by Ambulance Transfer?** ❑ Yes ❑ No

Relevant Clinical Information: *(must be provided and please be specific)*

Allergy to contrast? ❑ **Yes** ❑ **No** **Elevated Creatinine?** ❑ **Yes** ❑ **No** **If yes please provide most recent result**

Biopsy	Angiography/Angioplasty	Embolization
❑ L ❑ R Lung ❑ Liver ❑ Renal ❑ Lymph Node ❑ Other *(Specify Below)*	❑ Angiography (please specify site): ____________ ❑ Angioplasty (please specify site) ____________	❑ Varicocele ❑ Uterine Fibroid ❑ Pseudoaneurysm Thrombin Injection ❑ Other *(Specify Below)*

Tube/Catheter

1. Select Device

- ❑ Abcess (Drain)
- ❑ Biliary (Drain)
- ❑ Choleycystostomy (Drain)
- ❑ L ❑ R Thoracentesis (Drain)
- ❑ Paracentesis (Drain)
- ❑ Port (Venous Catheter)
- ❑ L ❑ R Nephrostomy (Urinary Tract)
- ❑ L ❑ R Nephroureterostomy (Urinary Tract)
- ❑ G Tube *or* ❑ GJ Tube
- ❑ IVC Filter (Venous Intervention)
- ❑ Pleural *or* ❑ Peritoneal Tenckhoff

2. Select Procedure

- ❑ Insertion
- ❑ Removal
- ❑ Check
- ❑ Exchange

Other Request (not listed above)

Specify:

***PERI-PROCEDURE ANTICOAGULATION/ANTIPLATELET DISCONTINUATION:**
Referring physician is responsible for insuring patient receives appropriate instructions on any necessary discontinuation of anticoagulation/ antiplatelet pre-procedurally as per Diagnostic Imaging Guidelines on Discontinuation of Anticoagulants/Antiplatelet Associated Document on page 2 of this form. If it is deemed inappropriate or unsafe to discontinue anticoagulation/antiplatelet therapy, please consult Interventional Radiology at 905-895-4521 ext. 2384

Patient is on the following anticoagulant: ______________. and will hold _____. day(s) prior to procedure

Patient is on the following antiplatelet: ______________. and will hold _____. day(s) prior to procedure

Does the patient require bridging? ❑ Yes ❑ No *If yes*, include medication instructions and plan

❑ NKA ❑ ALLERGIES:

****An incomplete requisition will cause a delay in service to your patient, see preparation instructions see instructions below***

1. The patient may need to attend a pre-op clinic prior to their scheduled interventional procedure
2. Please attach the most recent blood work, which must include the following: CBC, PTT, INR, Creatinine/eGFR.
3. Please provide patient with blood work requisition. This blood work must be completed within thirty (30) days prior to their scheduled appointment date. Fax these results to the Diagnostic Imaging Department (905)895-5966 prior to the procedure date.
4. Please attach all relevant imaging reports and/or outside imaging CDs ❑ No Reports to Attach ❑ Reports Attached

SIR

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Diagnostic Imaging

Interventional Radiology Requisition

Diagnostic Imaging Guidelines on Anticoagulants/Antiplatelets Discontinuation

This document serves only as a guideline and does not replace individual clinician judgement. A cardiology consultation may be required in patients who have undergone PCI within 6 months or angioplasty within 2 weeks, patients on warfarin who may require bridging (e.g. mechanical valve, CHADS2 above 4, atrial fibrillation in the setting of mitral stenosis, VfE within 3 months or history of hypercoagulable state.)

(Table 1) Assess the Risk of Bleeding Related to the Procedure

Low Risk (Thresholds: INR ≤2.0, platelets ≥20,000)	High Risk (Thresholds: INR ≤1.5, platelets ≥50,000)
Catheter exchanges Chest tube placement Dialysis access interventions IVC filter removal IVC filter placement Joint and musculoskeletal injections Lumbar puncture Superficial biopsy/drainage (soft tissue, lymph node, breast, thyroid) Thoracentesis/Paracentesis Transjugular liver biopsy Tunneled drainage catheter placement Venography Venous catheter placement and removal (PICCs, ports, dialysis) Venous interventions	Arterial Interventions Biliary interventions Deep abscess drainage (lung, abdomen, pelvis) Deep biopsy Gastrostomy/gastrojejunostomy placement Solid organ biopsies Thrombolysis Urinary tract interventions

(Table 2) Anticoagulants/Antiplatelets Discontinuation based on Bleeding Risk

	Low Risk Bleeding Procedure	High Risk Bleeding Procedure
	Antiplatelets	
ASA (Aspirin®)	Do not withhold	Hold 3 − 5 days
Clopidogrel (Plavix®)	Do not withhold	Hold 5 days
Prasugrel (Effient®)	Do not withhold	Hold 7 days
Ticagrelor (Brilinta®)	Do not withhold	Hold 5 days
	Oral Anticoagulants	
Apixaban (Eliquis®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 4 doses
If CrCl below 50 mL/min	Do not withhold	Hold 6 doses
Dabigatran (Pradaxa®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 4 doses
If CrCl below 50 mL/min		Hold 6-8 doses
Edoxaban (Lixiana®)	Do not withhold	Hold 2 doses
Rivaroxaban (Xarelto®)		
If CrCl 30 mL/min or above	Do not withhold	Hold 2 doses
If CrCl below 30 mL/min		Hold 3 doses
Warfarin (Coumadin)	Hold 3 − 5 days	Hold 5 days
	Injectable Anticoagulants	
LMWH	Do not withhold	Hold 1 dose if prophylactic, 2 doses if therapeutic
Fondaparinux (Arixtra®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 2 − 3 days
If CrCl below 50 mL/min	Do not withhold	Hold 3 − 5 days
Heparin	Do not withhold	IV: Hold 4 hours, SC: wait 6 hours after last dose

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SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-830-5966
southlake.ca

Diagnostic Imaging

Interventional Radiology Patient Preparation and Information

PATIENT PREPARATION:

1. All patients will have pre-procedural blood work done prior to procedure – obtain a requisition from your physician. Blood work must be completed within thirty (30) days prior to their scheduled appointment date.
2. Please review ALL of your medications with your physician or health care provider.
3. Blood thinning medications may need to be held prior to the procedure. Consult with your physician or health care provider.
4. Bring all your medications with you on the day of your pre-op visit and/or procedure.
5. Patients should not have anything to eat or drink for at least 4 hours prior to procedure unless otherwise instructed. *** Do not take diabetic medications. Take all other regular medications with sips of water. ***
6. All patients must have a responsible adult drive them home following the procedure unless otherwise instructed.

Incomplete preparation will usually require rescheduling of your procedure / treatment.

PATIENT INFORMATION:

- **Bring your Ontario Health Card.**
- Upon arrival you are required to register for your appointment at the East Welcome Centre and then you will be given directions on where to proceed to next.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.
- Depending on the type of procedure you are scheduled for, you may be required to be at the hospital for up to eight (8) hours. This time includes preparation time, procedure time, and recovery time.

PRIVACY POLICY DOCUMENTATION
via QR code link below or via Southlake's privacy office webpage

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