Guidelines for Morning Presentation

In order to streamline morning conferences, there should be a clear, concise presentation for each case. Below are the key aspects that should be given for every patient presentation, including our “regular” and “routine” patients. The underlying additional suggestions are only that, suggestions. Other pertinent items should be added as necessary.

- **Patient Name, Gender, and Age.**
- **Reason for IR Visit**
  - Scheduled Procedure
  - If a consult, state requested procedure and for what underlying problem.
  - Indicate whether there is an illustrative image (study/date) for person running the monitor.
  - Clearly state the indication for intervention (ie, signs, symptoms, specific diagnosis)
- **Pertinent Past Medical History.**
  - Any past history that may alter the procedure being performed (i.e. an alternative explanation for the indication that might obviate the need for the procedure, or a contraindication to the requested procedure)
  - Any past history that is a confounder or require additional care:
    - Diabetes Mellitus and need for a blood glucose
    - DVT/PE or Atrial Fibrillation on Anticoagulation.
    - Recent arterial intervention and anti-platelet therapy.
    - Underlying cardiopulmonary disease with inability to lie flat
- **Pertinent IR History.**
  - For drainage catheters:
    - When placed.
    - Last exchanged.
    - Output. Initial and most recent few days.
    - If not routine exchange, describe problem and acuity.
- **Pertinent Imaging.**
  - Present the most recent Radiologic images that show the anatomic target for the procedure, and indicate if there are additional images that should be looked at.
- **Pertinent Laboratories.**
  - Laboratories should be reported with value and date (i.e. Platelets of 104 and INR of 1.6 on 12/6/18). Not just “Laboratories are okay” or “There are no laboratory issues”
  - While pertinent laboratories may vary from procedure to procedure, for most procedures report Platelets, INR, and Creatinine.
  - If no recent laboratories, then report that.
- **Any Unique IR Procedure Issues.**
  - Radial versus Common Femoral Artery access.
  - Need for 3D cone-beam CT.
  - CT versus US procedure.
  - Specific side for non-sided procedure (i.e. port requested on right)
- **Any Nursing or Sedation Issues.**
  - Pending anesthesia.
- Patient ate so fentanyl only.
- If we routinely do certain procedures with a standard sedation (i.e. chest ports with moderate, nephrostomy catheter exchanges with local only, etc.) and we vary from that process, then an explanation as to why should be given.
- If the plan is for the typical sedation for a certain procedure, then this can be omitted.
- If Anesthesia, disposition Same Day / home or PACU / admit?

**Follow Up Appointments**

- If GU, is Urology involved? Their plan and input?
- If PTC, is GI involved? Their plan and input?
- If Cholecystostomy, is Surgery involved? Their plan and input?
- If Gyn issue, is Gyn or Gyn One involved? Their plan and input?
- Have a plan