NC PAIN MANAGEMENT SERVICES, PA
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NURSE TELEPHONE PRE-PROCEDURE RISK ASSESSMENT TOOL (PRAT)

The following information is essential to decrease the risk of complications during treatment.

Demographics

Patient's Name: _____

DOB: ____/____/____ **Age**: _____ (y/o)

Person answering questionnaire, if other than patient: _____

Telephone number called:_____

Name of Staff person making call: _____

Date: _____ Time: _____

Medical History

Yes	No	
☐	☐	Have you had a **heart attack** in the past 6 months?*****
☐	☐	Have you been hospitalized for **chest pain** in the past 6 months?**†**
☐	☐	Have you been hospitalized for **shortness of breath** in the past 6 months?**†**
☐	☐	Have you been hospitalized for a **stroke** in the past 6 months?**†**
☐	☐	Any evidence of a rash or skin infection over the area to be injected?
☐	☐	Any recent (less than 3 months) surgery over the area to be injected?
☐	☐	Do you have any history of **Liver disease**, such as: cirrhosis; hepatitis; or liver failure.
☐	☐	Do you have any history of **Kidney disease**, such as: chronic renal failure; or dialysis.
☐	☐	Do you have a history of "fainting", "passing out", or abnormal heart rate or rhythms?

Yes	No	**Females within reproductive age:**
☐	☐	Have you had a hysterectomy, tubal ligation, or menopause?
☐	☐	Is there any possibility of you being **pregnant**?**‡**

*****If positive, reschedule to 6 months after MI and request Medical Clearance.

† If positive, request Medical Clearance.

‡ If positive, request pregnancy test by PCP, Gynecologist, or OTC pregnancy test.

Allergies

Yes	No	
☐	☐	Any allergies to: **iodine, shellfish,** or radiological contrast **Dye**?
☐	☐	Any allergies to: **antibiotics**? Explain: _____
☐	☐	Any allergies to: **steroids**? (rare) Explain: _____
☐	☐	Any allergies to: **local anesthetics**? (rare) Explain: _____

Blood Thinners

Are you taking or have you recently taken **<u>any blood thinners</u>**? Such as:

Yes	No		Stop the medication for this amount of time before intraspinal procedures:
☐	☐	Aggrenox® (dipyridamole)(PO)	**11 days**
☐	☐	Agrylin® (anagrelide)(PO)	**7 days**
☐	☐	Arixtra® (fundaparinox)(SQ)	**4 days before and 24 hours after**
☐	☐	Brilinta™ (ticagrelor)(PO)	**3 days**
☐	☐	Coumadin® (warfarin)(PO) †	**5 days with normal PT/INR**
☐	☐	Effient® (prasugrel)(PO)	**3days**
☐	☐	Fragmin® (dalteparin)(LMWH)(SQ)	**24 hours before/after**
☐	☐	Heparin (SQ)	**24 hours (SC) / 4 hours (IV)**
☐	☐	Innohep® (tinzaparin)(LMWH)(SQ)	**24 hours before/after**
☐	☐	Jantoven® (warfarin)(PO) †	**5 days with normal PT/INR**
☐	☐	Lovenox® (enoxaparin)(LMWH)(SQ)	**24 hours before/after**
☐	☐	Normiflo® (ardeparin)(SQ)	**7 days**
☐	☐	Orgaran® (danaparoid)(SQ)	**7 days**
☐	☐	Persantine® (dipyridamole)(PO)	**11 days**
☐	☐	Plaquenil® (hydroxychloroquine)(PO)	**11 days**
☐	☐	Plavix® (clopidogrel)(PO)	**7 days**
☐	☐	Pletal® (cilostazol)(PO)	**7 days**
☐	☐	Pradaxa® (dabigatran)(PO)	**5 days**
☐	☐	Ticlid® (ticlopidine)(PO)	**14 days**
☐	☐	Xarelto® (rivaroxaban)(PO)	**7 days**

<u>Note</u>: Patients on any of these medications require **Medical Clearance** <u>before</u> stopping them**.**

† **These patients will require a PT and an INR the day before procedure.**

Reason for using Blood Thinner

Yes	No	
☐	☐	**Heart Problems requiring blood thinners**, such as: (A-Fib) Atrial fibrillation; recent cardiac stent placement; heart valve replacement.
☐	☐	**Lung Problems**, such as: Pulmonary embolism.
☐	☐	**Neurological Problems**, such as: Stroke; Temporal arteritis; (TIAs) Transient ischemic attacks.
☐	☐	**Circulation problems**, such as: (DVT) Deep venous thrombosis (blood clot in the legs); Peripheral vascular insufficiency (poor blood flow to legs or arms).

Coagulopathies

Yes	No	
☐	☐	**Any diseases or conditions affecting platelet numbers or function**, such as: Kidney disease or failure; Vitamin K Deficiency; Uremia; Amyloid purpura; Thrombocytopenia; Thrombotic Thrombocytopenic purpura (TTP); Idiopathic thrombocytopenic purpura (ITP); Evans syndrome; Glanzmann's thrombasthenia; Kasabach–Merritt syndrome (KMS); Wiskott–Aldrich syndrome (WAS). *****
☐	☐	**Any diseases affecting clotting**, such as: Hemophilia; Liver disease or failure; Lupus coagulopathy; Coagulation Factor deficiencies; Von Willebrand disease (vWD); Bernard–Soulier syndrome (BSS); Congenital afibrinogenemia. *****
☐	☐	Do you **bruise or bleed easily**? (More so than normal)
☐	☐	When you cut yourself, do you have **difficulty stopping the bleeding**?

***These patients have an abnormally high risk of bleeding. These are Hospital-based procedures.**

Infection Risk

Yes	No	
☐	☐	Do you have any **active infections**? (Cold, sore throat, etc.)
☐	☐	Do you have **Chronic Hepatitis C**? *****
☐	☐	Do you have or have had a **MRSA** or **VRSA** infection in the past 1 year? *****
☐	☐	Do you have any medical conditions or take any medications that may decrease your immune system? (i.e., **HIV/AIDS***, **Cancer**, **Diabetes**, **Steroids**, **Methotrexate**, etc.)
☐	☐	Have you had a "**FLU Shot**" in the past 2 weeks?
☐	☐	Do you have a history of **frequent infections**?

*** These patients will require Infectious Diseases Universal Precautions.**

Antibiotic Prophylaxis

Yes	No	**Do you have, or have you ever had any of the following?**
☐	☐	Artificial heart valves. **‡**
☐	☐	History of having had bacterial endocarditis. (Heart infection) **‡**
☐	☐	Any congenital heart defect. (Repaired or not) **‡**
☐	☐	A heart transplant. **‡**
☐	☐	Any problems with the heart valves. **‡**
☐	☐	Hypertrophic cardiomyopathy. **‡**
☐	☐	Mitral valve prolapse. **‡**
☐	☐	Recently implanted prosthetic joints. (*less than 3 months*) **‡**
☐	☐	Newly placed cardiac stents. (*less than 2 weeks*) **‡**
☐	☐	Renal disease, undergoing dialysis. **‡**
☐	☐	The patient with hydrocephaly and VA or VP shunts. **‡**

‡These patients will require SBE Antibiotic Prophylaxis.

Optimization

If you are scheduled to have a procedure, in preparation for your treatment, follow the recommendations below:

- ☐ Take Vitamin C 1,000 mg every day prior to injection therapy.
- ☐ The morning of the procedure, shower and clean area to be treated using an antibacterial soap. (such as Dial™ or Safeguard™). Do not use soaps that may contain creams or perfumes. Do not use perfume the day of your treatment.
- ☐ If you take blood pressure medicine, always take it the morning of the procedure.
- ☐ Do not eat for 2 hours prior to procedure. Water may be taken up to 1 hour prior to treatments.
- ☐ If you have a cold or any active infection, the procedure will be rescheduled. Save yourself a step by calling in advance to cancel the appointment.
- ☐ If sedation is requested, do not eat for 6 hours prior to procedure and make sure to have a driver. Taxi cabs or van services are not acceptable options.

Decision Making:

1. If the patient states that he/she is undecided, and/or they need to talk to the physician about it first, then schedule them to come in to have an evaluation first. Make sure to let them know that due to time constrains, it is unlikely that they will then have the procedure done the same day.
2. Assuming that they are clear to have a procedure, and the patient wishes to have it done on the first visit, then proceed to explain how to prepare for it. Make sure they have paper and a pen or pencil to write down the information. Make sure at the end to have the patient read it back to you to confirm its accuracy.

☐ **Procedure.** The patient (will / will not) need antibiotics.

☐ **Evaluation.**

Additional Staff Notes:

How to prepare for the Initial Fast Track Visit:

1. Provide location to facility.
2. Ask about internet access. If they do, download and complete the "Fast-Track Package"
   a. Website address: **http://www.ncpainmanagement.com**
   b. Or search for **"NC Pain Management Services"**.
   c. On the top menu, choose "**Forms**".
   d. Download the package under "**Fast-Track Patients**".
3. Offer choice of sedation. Depending on choice, then inform them of NPO times, driver, recovery times, and our preference to do the block without sedation.
4. Come in 45 minutes early to fill out initial paperwork.
5. Avoid scheduling additional appointments on the same day as evaluation/procedure.
6. Have patients bring, **with them**, any available x-ray, CT, or MRI results, as well as notes.
7. **Never allow** patients to mail or drop any studies or paperwork before their appointment.
8. **Transfer call to insurance clerk** to inform patient of copay, and verify that insurance allows procedure on the same day as initial evaluation.