

Quality Assurance Check-list

Pre-procedure:

1. Diagnosis:
2. Procedure: Side: Level:
3. Vital signs: *HR:* *BP:* *RR:* *Temp.:* *Pain score:* /10
4. Allergy: *Latex:* *Betadine:* *Contrast:* *Steroid:* *L.A:* *Others:*
5. Risk factors:
 - a. Local or systemic infection
 - b. Warfarin within the last 3-4 days
 - c. Clopidogrel within the last 7-10 days
 - d. Recent history of chest pain / shortness of breath
 - e. Major kidney / liver problems
6. Person to drive home:
7. Possibility of pregnancy in females:
8. Consent:

Post-procedure:

Complications:

Survey: (Please circle your answers)

1. Select the phrase that indicates how satisfied or dissatisfied you are with the way you were treated by the staff before, during and after the procedure.
 - (a) Very satisfied
 - (b) Satisfied
 - (c) Slightly satisfied
 - (d) Slightly dissatisfied
 - (e) Dissatisfied
 - (f) Very dissatisfied
2. Were the procedure and the consent adequately explained to you?
 - (a) Yes
 - (b) NoIf no, please explain:
3. Do you understand what to expect after the procedure and how to contact the GP / Pain doctor if you have a problem?
 - (a) No instructions were given
 - (b) Instructions are unclear to me
 - (c) Instructions are somewhat clear
 - (d) Instructions are absolutely clear
4. On this scale, how much anxiety did you have right *before the procedure* (0: no anxious, 10: most anxious)?
0 1 2 3 4 5 6 7 8 9 10
5. On this scale, how painful was the procedure itself (0: no pain, 10: worst pain)?
0 1 2 3 4 5 6 7 8 9 10
6. On this scale, how much anxiety do you have now *after the procedure* (0: no anxious, 10: most anxious)?
0 1 2 3 4 5 6 7 8 9 10

Any comments: