BRIGHAM AND WOMEN'S
Faulkner Hospital

INTERVENTIONAL NEPHROLOGY PROCEDURE REQUEST FORM

Patient Name: _____ Telephone: _____ DOB: _____

Referring Clinician (printed) _____ Telephone/Beeper: _____

Referring Clinician (**signature**): _____ Date: _____ Time: _____

Referring Dialysis Unit: _____ Telephone: _____ Fax: _____

Procedure requested:

Tunneled Dialysis Catheter ☐ Insertion ☐ Exchange ☐ Removal ☐ Repair

☐ Venogram ☐ Fistulogram ☐ Thrombectomy with intervention as needed

☐ Ultrasound of Access ☐ Ultrasound of Renal Artery

Location of access ☐ right ☐ left ☐ arm ☐ leg ☐ neck

Requested time frame:

☐ Urgent – call BWH Intervention Nephrology Access phone (617) 763-6412

☐ Non-urgent – fax request to **(617) 983-7599** with two requests for date/time 1)_____ 2)_____
You will receive a confirmation within 24 hrs; call **(617) 983-4888**, if you need immediate confirmation of date/time

Clinical Information:

1) Dialysis Schedule? ☐ MWF ☐ TTS Date of Last Dialysis _____ Date of Next HD _____

2) Reason for exam (eg. Elevated pressure/Decreased flow/Swelling/Bleeding/other):
_____

3) Allergies: ☐ Heparin ☐ Latex ☐ Contrast dye ☐ Other (_____)

Include the following documentation with this request form and fax to (617) 983-7599:

☐ Most recent CBC and pre-HD potassium; if on Coumadin, most recent INR.
☐ If on Coumadin and scheduled for catheter insertion or catheter removal, INR should be 2.0 or less;
If INR >2.0 medically required, contact Dr. Hentschel (617) 763-6412 (PT/PTT/INR/Platelets/CBC/Potassium)
☐ For all elective procedures, hold Coumadin for two days prior to the procedure
☐ Summary of Medical History
☐ Current complete Medication list.
☐ Indicate means of transportation: _____

Patients need to arrive 1 hour prior to scheduled procedure time at Brigham and Women's Faulkner Hospital 1st floor registration, e.g. 7:00 am for 8:00 am procedure.

For all procedures except venograms and catheter removals, patients must be NPO past midnight and need a responsible adult to drive or accompany them home, as these procedures involve sedation and patients cannot operate vehicles themselves.

Morning medications, in particular blood pressure medications, should be taken with a sip of water.

Appointment Date: _____ Appointment Time: _____

Scheduled by: _____ Date/Time: _____

From 8:00 am to 3:30 pm: **Scheduling Telephone: (617) 983-4888**

From 3:30 pm to 8:00 am: **Interventional Nephrology Access phone (617) 763-6412**
(and on weekends and holidays) **or page Dr. Hentschel through BWH page operator (617) 732-6660**