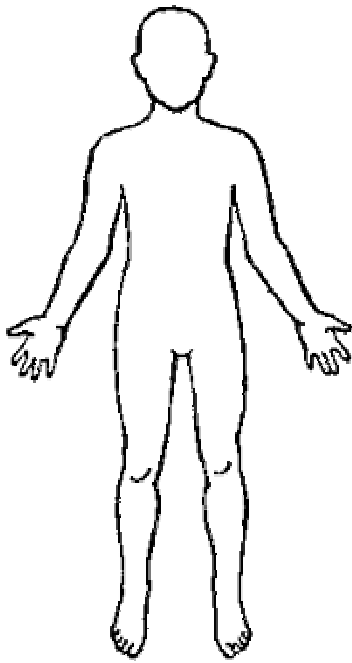


Indicate Location of Any Metal

none



Mode of arrival: ambulatory cane walker wheelchair stretcher

Physical/Mental disability none _____

Language barrier none _____

ETOH Use: none _____

Recreational Drug Use none _____

C/O Pain none **Location/Severity (1-10)** _____

C/O Nausea none **Severity (1-10)** _____

NPO status: _____

BOWEL PREP (if applicable): _____

Patient description of last bowel movement: _____

IV Access: Site: _____ Gauge _____ Time: _____ Nurse: _____

Problems/Complications, if any _____

IVF: 500mL Normal Saline @ KVO rate Other _____

Blood Glucose N/A _____ mg/dL Time: _____

Urine HCG N/A negative positive Time: _____

Additional Comments: _____

PRE-PROCEDURE ECG TRACING

TIME _____

POST-PROCEDURE ECG TRACING

TIME _____

History and Physical Reviewed By:

Assessment Nurse: _____

Sedating Nurse: _____

Physician: _____

LABEL