

## Rheumatology/ Radiology Intra-Articular and Soft Tissue Injection Check List

Please Insert Patient Address Label
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Screening Questions:	Yes	No	Comments
Date of procedure:			
Date form completed and by whom?			
Recent infection/ antibiotics Within last 2 /52			
Prosthetic joint			
Diabetic pre procedure BM reading:			Is diabetes well controlled?
Allergy			
Anticoagulant therapy- Please indicate what Patient takes?			
Pregnant or breastfeeding			
Any planned procedure booked in the next 2-3 weeks i.e. dental/ surgery			
Recent live vaccine i.e. MMR/ Yellow fever/ Chickenpox Rotavirus/ Smallpox			Don't inject 2 weeks post live vaccine
Recent trauma			
Recent steroid therapy either oral or injection			
Recent heart problems			
Travel abroad in the next 7 days			
Previous problems with Depomedrone or Lidocaine injections			

Able to take appropriate rest post procedure?			
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Pre Injection Advice	Yes	No	Comments
Patient warned about side effects?			
Patient warned about infections?			
Patient advised to rest for 24 hours post procedure?			
Patient advised about potential skin colour change around injection site?			

I understand the procedure and side effects that have been explained to me by the clinician and consent to having a steroid injection

Signature of patient: .....

Signature of clinician: .....

Clinician: .....

NMC/ HCPC No: .....

Injection Record	
Location of Injection	
Drug administered and dose	
Batch number	
Expiry date	
Approach	
Aseptic technique used	

Post Procedure Advice Given to Patient	Yes	No	
Advice leaflet given to patient			
Appropriate home exercises given			