

Breast Center
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7220



Patient Label

Date: ___/___/___ Referring MD/DO: _____

Time in procedure room: _____

Mode of Transport: Ambulatory Other: _____

Pre-Procedure Diagnosis: _____

Procedure(s):

Ultrasound Guided Breast Biopsy:

- Left Right ___ o'clock ___ cm from nipple
 Vacuum-Assisted Core Needle
- Left Right ___ o'clock ___ cm from nipple
 Vacuum-Assisted Core Needle
- Left Right ___ o'clock ___ cm from nipple
 Vacuum-Assisted Core Needle

Ultrasound Guided Axillary Lymph Node Biopsy:

Left Right Core Needle Other _____

Cyst/Seroma Aspiration:

Left Breast/Axilla Right Breast/Axilla Other _____

Stereotactic Breast Biopsy:

- Left Right ___ o'clock ___ quadrant ___ position
- Left Right ___ o'clock ___ quadrant ___ position
- Left Right ___ o'clock ___ quadrant ___ position

Ductogram: Left Breast Right Breast

Wire Localization: Left Breast Right Breast

Other: _____

Pre-Procedure Verification per Universal Protocol complete

LOC: Alert Relaxed Apprehensive Other: _____

Medications: correct in EMR *attached list

NKDA Allergies: _____

Prior Cancer History: No Yes _____

Vital Signs: BP: ___/___ P: ___ Temp: _____

Skin Integrity Pre-Procedure: Intact, WNL Erythema, Scar

Pain Assessment Pre-procedure: _____ (0-10 scale)

Pain Assessment During procedure: _____ (0-10 scale)

Intervention for pain 4 or >: Local Anesthetic _____

Pain level after intervention: _____

Informed Consent obtained

Procedure site marked per Universal Protocol

"Time Out" Verification per Universal Protocol : 1) correct patient, 2) correct procedure(s), 3) correct side, 4) correct site, 5) correct equipment/implants

safety belt used with Stereotactic Procedure

Position: Supine/oblique Prone Chair Other: _____

Anesthetic/Medication: Local None

___ ml Lidocaine 1% with Sodium Bicarbonate

___ ml Lidocaine 1% with Epinephrine and Sodium Bicarbonate

___ ml Normal Saline (for lavage)

___ ml Omnipaque (Ductogram), Other: _____

Clip Implanted: No Yes

Type: ATEC™ MammoMark™ Inrad™ other: _____

Lot Number: _____, Location: Left ___ Right ___

Lot Number: _____, Location: Left ___ Right ___

Specimens Collected/Disposition:

Ultrasound Guided Breast Biopsy:

- Left Right ___ o'clock, ___ cm from nipple
- Left Right ___ o'clock, ___ cm from nipple
- Left Right ___ o'clock, ___ cm from nipple
- _____

Ultrasound Guided Axillary Biopsy:

Left _____ Right _____

Stereotactic Breast Biopsy:

- "A" Left Right ___ o'clock ___ quadrant ___ position
- "B" Left Right ___ o'clock ___ quadrant ___ position
- "A" Left Right ___ o'clock ___ quadrant ___ position
- "B" Left Right ___ o'clock ___ quadrant ___ position
- "A" Left Right ___ o'clock ___ quadrant ___ position
- "B" Left Right ___ o'clock ___ quadrant ___ position

NOTE: "A"=contains microcalcifications

"B"=without microcalcifications

Cyst/Seroma aspiration fluid:

Left Breast/Axilla, Right Breast/Axilla, Other _____

Discarded C&S _____ Cytology _____

Total amount of aspiration fluid: _____ ml

Disposition of specimen: KUMed Lab

Outside Lab: LabOne Labcorp Other _____

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1. PLAN OF CARE: Risk for Anxiety. **GOAL:** The patient will demonstrate less anxiety.

PLAN AND IMPLEMENTATION:

- Give clear and concise information/explanations.
- Provide a caring and supportive environment.
- Communicate patient's concerns to other members of the Health Care Team.

EVALUATION: The patient verbalizes understanding of the procedure and demonstrates less anxiety. Yes No

2. PLAN OF CARE: Risk for infection related to procedure. **GOAL:** The patient will be protected from infection as evidenced by maintenance of aseptic technique.

Prep area: Left Breast/Axilla Right Breast/Axilla **Prep Solution:** Betadine swab, Chloraprep®, Other _____

Post-Procedure Assessment:

- Patient's procedure performed using aseptic technique and in a manner to prevent cross-contamination.
- Tolerated procedure without apparent injury or complication. No _____

Pain Assessment Post procedure: _____ (0-10 scale)
(Intervention for pain 4 or >: _____, Pain level after intervention: ____)

LOC: Alert Relaxed Apprehensive Other: _____

Skin Integrity: Intact (except for biopsy site), WNL Erythema, Scar Bruising

Post-Procedure Care: Direct Pressure held for: 5 minutes 10 minutes 15 minutes Other: _____

Biopsy Site Appearance prior to dressing:

without hematoma or bleeding, intact other than biopsy incision hematoma Other: _____

Dressing: Steri-Strips, Antibiotic Ointment, Band-aid, Cold Pack

Steri-Strips, Antibiotic Ointment, Cold Pack 4 x 4 Other: _____

Mammogram for clip placement: Yes No, Reason: Radiologist deferred Patient in pain Patient refused

Patient given Post-Procedure Instructions: Verbal Written

Patient will follow up with Referring physician listed on first page. (Other: _____)

Discharged Mode of Transport: Ambulatory Wheelchair Other _____ **To:** Home Work Other _____

*If patient goes to Same Day Surgery (or nursing unit), report given to: _____

Time Discharged from Procedure Room: _____

Radiologist present during procedure: _____ **Mammography Technologist:** _____

Sonographer: _____ **RN:** _____ **Other:** _____

Note: _____

Preferred phone number for follow-up phone call: _____ **OR** _____

Follow-up Phone Call: ____/____/____ Date _____ Time No call, Patient will call if they have questions or concerns

Left message for patient to call if they had any questions or concerns in relation to their biopsy.

Drainage: No Yes Slight **Bruising:** No Yes Slight **Pain Level:(0-10):** _____

Additional Comments: _____

Signature of staff that talked with patient _____