

Please note this is an EXAMPLE TIP SHEET FOR NURSING and is to serve as an educational and organizational resource only. **Please always follow the policies and procedures for your institution and practice. Please always follow treating physician's orders.**

Nursing Tip Sheet: Pre-Operative Assessment for Pelvic HDR Brachytherapy

1. Administrative & Consent Verification

- **Identification:** Confirm the patient using **two identifiers** (Name/DOB).
- **Procedure Confirmation:** Verify the specific procedure type:
 - Prostate
 - GYN (Intracavitary vs. Interstitial)
 - Rectal
 - Other pelvic body site
- **Consents:** Ensure the following are documented and correct:
 - Surgical/Procedure Consent
 - Anesthesia Consent
 - Blood Consent (if indicated)
- Review and validate all **pre-op orders**

2. Medication & Lab Reconciliation

Critical for preventing procedural delays or bleeding complications.

- **Anticoagulation:** Confirm the "hold" duration for antiplatelets and anticoagulants.
- **GLP-1 Agonists:** Verify that GIP/GLP-1 receptor agonists (e.g., semaglutide, tirzepatide) have been held per anesthesia guidelines to reduce aspiration risk.
- **Diabetes:** Review the last dose taken of insulin or oral antiglycemics
- **Cardiac:** Confirm last dose of ace inhibitors, diuretics, beta-blockers.
- **Labs:** Review CBC, Coags, and CMP/BMP. **Escalate critical values** to the APP/MD immediately.

3. Physical Assessment & Prep

- **Vitals:** Document baseline BP, HR, O2, and pain score.

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- **NPO Status:** Confirm the exact time of last solid food and clear liquid intake.
- **Bowel Prep:** If ordered, verify completion.
- **Focused Exam:** Auscultate heart and lungs.
 - Check perineal skin integrity.
 - Establish/verify IV patency and initiate ordered fluids, if applicable
 - If neuraxial anesthesia (spinal/epidural) is planned, perform a baseline neuro assessment.
 - Assess for potential contraindications for spinal or epidural anesthesia, such as thrombocytopenia, recent viral outbreak such as herpes simplex virus or varicella zoster, presence of lumbar hardware or severe scoliosis, etc and notify provider as needed

4. Anesthesia & Safety Coordination

- **Antibiotics:** Administer pre-procedural antibiotics if applicable
- **Anesthesia Plan:** Confirm the patient is cleared and identify any history of anesthesia complications (e.g., Malignant Hyperthermia, PONV)
- **Supplies:** Verify that procedure-specific applicators/implants are available and the team is ready for the Procedural Time-Out.

5. Documentation & Communication

- **EMR:** Document all assessments, education provided, and medication reconciliation.
- **Psychosocial:** Assess anxiety levels; coordinate interpreters or support persons if needed.
- **Handoff:** Use a structured SBAR (Situation, Background, Assessment, Recommendation) for the multidisciplinary handoff to the procedural team.