

CT- INTRAVENOUS CONTRAST INFORMATION/CONSENT

The CT scan you are having today requires an injection of IV contrast into a vein in your arm. Iodine based IV contrast is extremely helpful for evaluating blood vessels, organs, lymph nodes and masses. During the injection you may experience a metallic taste and a warm flush feeling throughout your body. Rarely a patient may have an allergic reaction to the contrast and experience hives and itching. In very rare cases breathing, blood pressure and heart problems may occur. Our personnel are trained to respond appropriately to these possible reactions. Typically if an allergic reaction is going to occur it happens within a few minutes of the injection.

1. YES NO Have you ever had IV contrast? (CT/IVP/ANGIO)

If yes, did you have an allergic reaction or problem with the contrast? _____

YES NO Are you pre-medicated with Benadryl and Prednisone?

2. YES NO Is there any chance you could be pregnant?

3. Do you have a history of:

YES NO Asthma

YES NO Kidney disease/failure***

YES NO Lupus

YES NO Hyperthyroidism

YES NO Myasthenia gravis

YES NO Pheochromocytoma

YES NO Paroxysmal nocturnal hemoglobinuria

YES NO Sickle cell disease

YES NO Heart disease/failure

YES NO Food/Latex/Medication Allergies

If you have allergies, describe your allergic reaction: _____

4. YES NO Have you recently received Interleukin 2 treatments?

5. YES NO Are you Diabetic?

YES NO If yes, do you take Glucophage/Glucoavance/Metformin?

There are potential serious risks with receiving IV contrast while taking Glucophage, Glucoavance, or Metformin.

DO NOT RESUME TAKING THESE MEDICATIONS FOR 48 HOURS FOLLOWING YOUR CT.

I HAVE READ AND DO UNDERSTAND THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF AN IODINE CONTAINING SOLUTION (CONTRAST MATERIAL).

SIGNATURE OF PATIENT/GUARDIAN _____

DATE _____

PRINTED PATIENT NAME _____

STAFF USE ONLY

Is patient 50 or older, or has history of kidney disease? Y N If yes, GFR: _____ (Scan lab report to PACS)

Is the medication list printed, attached and reviewed? Y N/A

APPROVING RADIOLOGIST/OTHER PHYSICIAN INITIALS _____