



— nothing is more important than health

Patient Name: _____ DOB: ____/____/____

Your doctor has requested that we perform a Computed Tomogram (CT) scan. This is a diagnostic test which uses X-Rays and a computer to produce images of internal body parts. There is a very small risk associated with any x-ray exposure, which is unavoidable, but exposure will be kept to a minimum. As part of the examination, we may need to give you an injection of contrast solution containing Iodine to help visualise internal structures. After the injection, you may experience a warm sensation throughout the body and a metallic taste for a few moments. This is very common and no cause for concern. Sometimes, minor allergic reactions occur in the form of itching, hives, swelling of the eyes or wheezing. These symptoms may require treatment with medication, which we have on hand. Occasionally, the contrast may leak outside the vein, causing swelling in the soft tissues. All care will be taken to avoid this, but if it does, it may require a period of observation or possibly treatment. Rarely, more serious events can occur such as an asthmatic attack or fall in blood pressure. This may require emergency medical treatment, which is provided in the department, but transfer to hospital may be necessary. Some of the above risks are more likely if you have asthma, other allergies, heart disease, kidney disease or diabetes. If you refuse to proceed with the injection, it MAY be possible to do the CT scan without. This may, however sometimes reduce the accuracy of the scan. There may also be alternative diagnostic tests for your condition. This can be discussed with the Radiographer on duty. The procedure will be fully explained to you before the scan, however if you have any questions please do not hesitate to ask a member of staff.

Please read and answer the following questions carefully

Form with questions and checkboxes: Have you ever had an X-Ray contrast (dye) injection? If YES, did you suffer any adverse reaction? Do you suffer from Asthma or Hay fever? IF YES, what medication do you take? Have you any known Allergies? If YES, please give details? Have you ever suffered with a kidney disorder? If YES, please give details? Are you currently breastfeeding? Are you diabetic? If YES, please give most recent creatinine level, if known? Do you suffer from any of the following: Gout, High Blood pressure, Multiple Myeloma, Heart Disease, Hyperthyroidism, Diabetes? Do you currently take any of the following medications: Antibiotics, Beta Blockers, Steroids, Metformin [e.g. Glucophage/Advandamet]?

Consent

The risks / benefits associated with the administration of IV contrast media have been explained to me and I consent to the procedure.

PATIENTS SIGNATURE: _____

Staff Only

Form for staff: Contrast agent: _____ Volume Injected: _____ Expiry Date ____/____/____ Batch No. _____ Checked by _____ Injected by: _____ Pump/Hand [BLOCK CAPITALS] [BLOCK CAPITALS] Signed: _____ Date: _____