



Patient name: _____ Date of birth: _____ Date: _____
 Time: _____

CAT SCAN

Iodinated Intravenous Contrast Information Sheet

Your imaging procedure involves the administration of an intravenous contrast agent (x-ray dye) that contains iodine. The purpose of this dye is to provide the Radiologist with a more detailed picture and will help in interpreting your examination. Intravenous contrast/ x-ray dye is administered by injection through a small needle placed in your vein. During the administration you may experience a feeling of **warmth throughout your body**. Some people report a **metallic taste** in their mouth. Both feelings are **normal** and temporary. The intravenous contrast has been in use for many years and is **generally considered safe**. However, as with any medication or pharmaceutical, a very small number of patients may experience side effects related to its administration. **Mild side effects** such as transient hives, skin blotching or wheezing have been noted in **less than 1% of patients**. More **serious allergic reactions**, including major drops in blood pressure and potentially life-threatening events, have been reported in approximately one in 10,000 cases.

Have you ever had a CT scan with IV contrast before? Yes _____ No _____

If so, did you have any of the following?
 Hives: Yes _____ No _____
 Shortness of breath: Yes _____ No _____

List allergies: _____

History of renal disease ? Yes _____ No _____
Do you take Glucophage/Metformin? Yes _____ No _____
Sickle Cell disease? Yes _____ No _____
Asthma? Yes _____ No _____
Scleroderma/Lupus? Yes _____ No _____
Multiple Myeloma? Yes _____ No _____

For Females Only:
Any possibility of being pregnant? Yes _____ No _____
Date of LMP: _____

For staff only:

Lot # _____ Exp. Date _____ ml _____
GFR _____ Date _____ RN _____

TIME OUT PROCEDURE
Time _____
Patient ID Confirmed:
First/Last name: Yes _____ No _____
Date of Birth: Yes _____ No _____
Verification of Examination Yes _____ No _____
Contrast type/dose verification: Yes _____ No _____
Tech _____ Date _____
Witness _____ Date _____

If you have any questions, please inform a staff member who will have a physician speak with you.

I understand that as part of my examination, I will be receiving an intravenous injection of contrast.

 Patient/Agent/Relative/Guardian signature Date

 Interpreter, if required (Signature) Date

 Reviewed by: (Signature) Date

 Technologist (Signature) Date

 Print name Relationship if other than patient

 Print name

 Print name

 Print name