



CT CONTRAST CONSENT FORM

ID: _____

PT NAME: _____

PT DOB: _____

ACCESSION: _____

HEIGHT: _____ WEIGHT: _____

Your doctor has scheduled you for a CT examination that requires an injection of a contrast agent in your bloodstream. The contrast agent, also called contrast media, contrast material or X-ray dye assists the radiologist in interpreting your CT scan. The contrast media being injected contains iodine. If you are allergic to iodine, please inform the technologist.

The contrast media is given through a small needle placed into a vein, usually on the inside of your elbow or on the back of your hand. Normally, contrast media is considered quite safe. However, an injection carries slight risk of harm including injury to the skin, a nerve, artery, or vein. An infection or reaction to the material being injected can also occur. Occasionally, a patient will have a mild reaction to the contrast agent or develop sneezing or hives. Uncommonly (one case in a thousand) a serious reaction to the contrast occurs. Our physicians and staff are trained to treat these reactions. Very rarely (1:100,000) death has occurred related to contrast administration. The risk of a severe consequence is similar to that of administration of penicillin.

Certain patients are at a higher risk for experiencing a reaction to the contrast agent. For this reason, we use a contrast agent called "low-osmolar" or "non-ionic" contrast, which appears to have a lower incidence of reactions. However, these newer agents are not absolutely free of reactions, even serious ones.

Patients who are at higher risk for adverse effects of contrast are patients:

- Who have already had a moderate or severe "allergic-like" reaction to contrast material which required medical treatment or hospital treatment.
- With severe allergies or asthma currently receiving drug treatment
- With severe kidney failure, particularly caused by diabetes

<u>Have you ever had:</u>	<u>YES</u>	<u>NO</u>	<u>Explanation:</u>
Iodinated IV Contrast	_____	_____	_____
Allergic Reaction to IV contrast	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease	_____	_____	_____
Kidney Disease	_____	_____	_____
Multiple Myeloma/Cancer	_____	_____	_____
Smoking	_____	_____	_____
Asthma	_____	_____	_____
Lupus	_____	_____	_____
Polycythemia Vera	_____	_____	_____
Sickle Cell Anemia	_____	_____	_____
Surgeries	_____	_____	_____
Gallbladder Removed	_____	_____	_____
Hysterectomy (Full/Partial)	_____	_____	_____
Diverticulitis	_____	_____	_____
Crohns	_____	_____	_____
Stroke	_____	_____	_____
Seizures	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Your signature on this form indicates that you have read and understand the information provided in this form and that you authorize and consent to the performance of the procedure.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

TECHNOLOGIST ONLY:

BUN: _____ Creatinine: _____ eGfr: _____ Date of Labs: _____

Contrast Media: Isovue 370 Isovue 300 Dose _____
 Lot Number: _____ Exp Date: _____
 IV gauge: _____ Site: AC Forearm Hand Wrist Side: R L