treasure valley hospital imaging

Pt sticker here

IV CONTRAST QUESTIONNAIRE

Your physician has requested an imaging examination, which will involve the injection of contrast material into your body through a blood vessel. The contrast flows through a small needle in your hand or inner arm. The possible minor side effects and complications include, but are not exclusive of, flushing of the skin, nausea, vomiting, itching, running nose and eyes, hives, sneezing and sweaty palms. More serious side effects occur less often and include spasm ("tightening" sensation) of the voice box or bronchial tubes, lowering of the blood pressure, chest pain, kidney problems and shock. On very rare occasions, death may occur.
Medications and personnel are here to treat any of these events. Your physician feels that the information from this examination outweighs the small risk of the study.

Please answer all of the following questions.

☐Yes ☐ No Have you had previous MRI or CT exams with contrast?
If yes, what type of study?____

☐Yes ☐ No Any history of prior contrast reactions?
If yes, what happened?____

☐Yes ☐ No Do you have any history of diabetes?

☐Yes ☐ No Do you take Metformin Hydrochloride (Glucophage,Glucovance,Avandamet,Metaglip,Fortamet)?
(Patient is to be off these medications for 48 hours after IV contrast administration).

☐Yes ☐No Have you ever had a previous reaction to an X-ray contrast agent? ___________________

Any history of:

☐Yes ☐No Headaches

☐Yes ☐No Liver Disease

☐Yes ☐No Diabetes

☐Yes ☐No Stroke

☐Yes ☐No Asthma

☐Yes ☐No Allergic Respiratory Disease

☐Yes ☐No Dizziness

☐Yes ☐No Are you Breast Feeding?

☐Yes ☐No Kidney/Bladder Disease

☐Yes ☐No Cancer

☐Yes ☐No Heart Disease

☐Yes ☐No Prostate Problems

☐Yes ☐No Seizure Disorder

☐Yes ☐No Multiple Myeloma

☐Yes ☐No Blood Disorder/Sickle Cell

☐Yes ☐No Renal Failure

If yes to any of the above, please explain:____

Patient or guardian signature:____

CLINICAL USE ONLY

Creatinine:_________ GFR:________ (amount)____________ml of __________________________
(Volume) (contrast)

injected @ ____________ml/sec. Scan delay of _________________________seconds.
(rate)

Physician covering contrast:_________________________________ By: __________________________

Contrast Reaction or extravasation: ☐Yes ☐ No

Notes: