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PATIENT NAME AND SURNAME: DR/MR/MRS/MISS.....
DATE: ...../...../20..... FILE NUMBER: .....
CT EXAMINATION: CT SCAN OF .....WITH/WITHOUT CONTRAST

INFORMATION:

CT Scan with Contrast: A CT scan — also called CT or computerized tomography — is an X-ray procedure where a high-speed computer is used to make multiple images or pictures of your body. You will be asked **to lie still** on a table and at time may have to hold your breath for a few seconds in order to avoid blurring the pictures. **You may hear a slight buzzing, clicking and/or whirring sounds** as the CT scanner moves around your body. You will also be given a contrast dye to create a clearer picture.

Risks from CT Scan: **IV CONTRAST may be used during this examination.** The cumulative radiation exposure from this study is considered small and is not likely to adversely affect you or your disease. However, the effects of radiation add up over a lifetime. It is possible that having several of these tests may add to your risk of injury or disease. Examples of contact with radiation include x-rays taken for any reason or radiation therapy for cancer treatment

Risk of IV Contrast Agent: If an intravenous contrast material is used, you will feel a slight **pin prick** when the needle is inserted into your vein. You may have **a warm, flushed sensation** during the injection of the contrast materials and **a metallic taste** in your mouth that lasts for a few minutes. **Occasionally**, a patient will **develop itching and hives**, which can be relieved with medication. *If you become light-headed or experience difficulty breathing, you should notify the doctor or radiographer, as it may indicate a more severe allergic reaction.*

Risks of Oral/Enema Contrast Agent: If the contrast material is swallowed, you may find the taste mildly unpleasant; however, most patients can easily tolerate it. You can expect to experience a sense of **abdominal fullness** and an increasing need to expel the contrast material.

I ....., have read and understood the above and give consent to have a contrast injection. I understand that, despite every skill and effort made to avoid complications during the examination, there is no guarantee a complication will not occur.

Signature PATIENT **Date**
....
Signature Witness **Date**
....

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CONSENT FOR MINORS/INCAPACITATED PERSONS

I _____(FULL NAME AND SURNAME)

(ID_____) guardian/parent/responsible person, hereby

authorize informed consent for sedation and a contrasted CT SCAN to be

performed on _____(patient's name and surname). I have read and understood the above information. I understand that, despite every skill and effort made to avoid complications during the examination, there is no guarantee a complication will not occur.

Relationship to the patient:_____
Contact number's:(cell): _____
(work): _____
Email address: _____

SIGNATURE of parent/guardian/responsible person: _____
WITNESS: _____
DATE:

IV Consent questionnaire:

Have you ever been injected with intravenous contrast? YES/NO
If so, did you have any side effects?
.....

Do you have history of:

Diabetes **YES/NO**
Allergies **YES/NO**
TYPE OF ALLERGY IF APPLICABLE:
.....
Kidney disease **YES/NO**
If so are you on dialysis and when did you last receive dialysis?
.....
If applicable U & E results: U ..... E .....
Hypertension **YES/NO**
Medication **YES/NO**
.....

IMPORTANT: Female patients:

Breastfeeding : **YES/NO**
Pregnant: **YES/NO**

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STAFF USE ONLY:

- **CONNECTOR TUBING :** YES/NO Single / Double
- **Y-ADAPTOR:** YES/NO
- **CT SYRINGES :** YES/NO
  - *Quantity: _____*

- **CONTRAST :** YES/NO
  - *IV: _____*
  - *Oral:_____*
  - *Quantity: _____ml*
- **SALINE 0.9% ____ml**

- **Disposable SYRINGES** YES/NO
  - *50ml 20ml 10ml 5ml*
- **LINENSAVERS:** YES/NO
  Quantity:_____
- **COTTENBALL** YES/NO
- **WEBCOL** YES/NO
- **PLASTER** YES/NO
- **GLOVES** 2 / 4 / __
- **NEEDLES:** YES/NO
  - *GREEN JELCO*
  - *PINK JELCO*
  - *BLUE JELCO*
  - *YELLOW JELCO*
  - *23G*
  - *20G*
  - *16G*
  - *26G*

RADIOGRAPHER: _____ TIME AND DATE: __H__ __/__/_20__

Emergency drugs:

Solu-cortef: x_____

Promethazine: x_____

Phenergan 25mg : x_____