CT / INTERVENTIONAL RADIOLOGY CONTRAST SAFETY SCREENING FORM ADULT AND PEDIATRIC

Attach Patient Label Here

Each patient should complete the following questionnaire prior to CT scan.

For inpatient CT requests, attach completed form to front of chart.

****INPATIENTS ONLY NEED TO COMPLETE THIS SCREENING FORM ONCE DURING HOSPITAL STAY****

Your safety is important to us. To help us, please complete this form as accurately and completely as possible.

Patient Full Name: Preferred Pronoun

Date of Birth: (dd/mmm/yyyy)

Height: cm / feet, inches Weight: kg / lbs

CONTRAST QUESTIONS	YES	NO	Healthcare Provider (HCP) Notes ☐ Form completed with assistance from a HCP
1 Have you had a previous injection of contrast media?	☐	☐	
2 If yes, did you have any problem with the contrast injection?	☐	☐	
3 Do you have allergies to food, drugs, latex or the environment? Please list:	☐	☐	
4 Do you have diabetes?	☐	☐	
5 Do you take metformin?	☐	☐	
BACKGROUND HEALTH QUESTIONS			
6 Do you have kidney disease?	☐	☐	
7 Do you have asthma?	☐	☐	

Important Instructions:

The technologist may ask you to remove metal objects for your test. If you need help, please ask.

Your test requires an injection of a medication known as contrast to improve the diagnostic value of the images. The need for the contrast is determined by a radiologist and the clinician who ordered your test. Contrast is used to show blood vessels and organs like the brain, liver, heart, kidneys and bowel.

Contrast is usually injected through a needle inserted into a vein in your arm. When contrast is injected, it can make patients feel warm in their face, throat and groin. These sensations are temporary and usually pass within a minute. Some patients may be allergic to the contrast. Most reactions are mild in nature and resolve on their own. Rarely, more serious reactions can occur. Staff performing your test are aware of these and are trained to respond to them.

If you have questions about your test, please ask the technologist.

Department Use Only.
If unable to obtain information above, MRT to document HCP approving contrast media administration

_____ MD / NP Time: _____

Verified by: _____ MRT Date: _____

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To be completed by Health Care Provider

Do not duplicate documentation if information in sections 1, 2, 3 or 4 is captured in the PACS / Electronic Medical Record.

1. PRE-EXAM DEVICE SELECTION AND INSERTION

A. Peripheral Vascular Access Device (PVAD) Selection and Insertion

Status	Side	Site	Catheter Gauge	PVAD Failed Attempts (max = 2) Side / Site	Signature
☐ Inserted in MI dept. ☐ Inserted prior to arrival	☐ Right ☐ Left	☐ ACF ☐ Forearm ☐ Wrist ☐ Hand ☐ Foot	☐ 18G ☐ 18G Diffusics ☐ 20G ☐ 20G Diffusics ☐ 22G ☐ 22G Diffusics ☐ 24G ☐ 24G Diffusics	1. 2. 3. 4.	

Inserted in MI Dept by: _____ Time: _____

B. Advanced Vascular Access Device (VAD) (to be completed by RN, NP or MD)

VAD Power Compatibility Confirmed	☐ Yes ☐ No
VAD Patency Check	☐ Flushes without resistance ☐ Brisk blood return on aspiration
IVAD accessed with Non-Coring Needle (NCN)	☐ Inserted prior to arrival in MI ☐ Inserted in MI Dept

Device	Side	Location	Hub Color	Gauge / Length
☐ PICC ☐ Non -Tunneled ☐ IVAD (Port) ☐ Midline ☐ Tunneled ☐ Intraosseous ☐ Other (list): _____	☐ Right ☐ Left	☐ Forearm ☐ Humerus ☐ Neck ☐ Groin ☐ Chest ☐ Tibia ☐ Other (list): _____		

Completed by: _____ RN/NP/MD Time: _____

2. IV CONTRAST / INFUSATE ADMINISTRATION

Contrast Concentration	☐ Omnipaque 300 ☐ Omnipaque 350 ☐ Visipaque 320 ☐ Isovue 370 ☐ Other: _____
Volume Infused (mL)	☐ Other: _____ ☐ 60 ☐ 80 ☐ 100 ☐ 110 ☐ 120 ☐ 130 ☐ 140 ☐ 150
Volume NaCl 0.9% (mL)	☐ Other: _____ ☐ 3 ☐ 5 ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100
Rate (mL/second)	☐ Other: _____ ☐ 1 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4 ☐ 4.5 ☐ 5 ☐ 5.5 ☐ 6 ☐ 6.5

Injection completed by: _____ Time: _____

3. POST EXAM CARE

☐ PVAD Removed Cannula intact: ☐ Yes ☐ No (Complete Section 4: Adverse Event Reporting)

☐ VAD maintained with sodium chloride 0.9% using turbulent (push-pause) flush

☐ VAD maintained with heparin flush

Completed by: _____ Time: _____

4. ADVERSE EVENT REPORTING SUMMARY

All contrast related adverse events must be documented as an Adverse Drug Reaction (ADR)

Event	Event Details, Treatment and Condition of Patient on Discharge	Actions
☐ Extravasation ☐ Nausea / Vomiting ☐ Nasal Congestion ☐ Hives / Itchiness ☐ Hypotension ☐ Bronchospasm ☐ Swelling / Edema		☐ Code Blue initiated ☐ Radiologist Notified ☐ ADR entered ☐ EMR updated ☐ Extravasation info given to patient ☐ Emergency / Plastics referral ☐ ER / Inpatient Ward notified