

## Risk Assessment and Consent Form for Contrast Injection

<b>Patient Name:</b>			
<b>Patients DOB:</b>			
<b>Procedure:</b>			
<b>Please answer ALL questions below:</b>			
What is your approximate weight?	_____ <b>kg</b>	What is your age?	_____ <b>years</b>
Previous <u>Severe</u> Allergic Reaction needing treatment (inc. contrast)	<b>Yes</b>	<b>No</b>	If yes please explain below:
Have you had a prior CT of this area in the last 6 months?	<b>Yes</b>	<b>No</b>	If yes, where?
Have you ever been given intravenous CT contrast?	<b>Yes</b>	<b>No</b>	
If yes, did you have a reaction? (i.e. vomiting, skin rash, anaphylaxis etc.)	<b>Yes</b>	<b>No</b>	
Do you have any known heart disease? ie: Heart failure, arrhythmia (abnormal heart rate), unstable angina or recent myocardial infarction (heart attack).	<b>Yes</b>	<b>No</b>	
Do you have hypertension?	<b>Yes</b>	<b>No</b>	
Are you taking beta blockers?	<b>Yes</b>	<b>No</b>	
Do you have or have you ever had asthma/eczema/hay fever?	<b>Yes</b>	<b>No</b>	
Do you have any known kidney disease or are your on dialysis?	<b>Yes</b>	<b>No</b>	
Do you have hyperthyroidism?	<b>Yes</b>	<b>No</b>	
Are you diabetic and taking <i>Metformin</i> ?	<b>Yes</b>	<b>No</b>	
<b>Note: Metformin</b> is also known as Glucophage, CarbophageSR, Riomet, Fortamet, Glumetza, Obimet, Gluformin, Dianben, Diabex, Diaformin, Siofor, Metogamma	<b>Yes</b>	<b>No</b>	
Do you have an allergy to any medications/food/chlorhexidine?	<b>Yes</b>	<b>No</b>	
Have you had a Barium Study in the Last Week	<b>Yes</b>	<b>No</b>	

Some CT scans require a 'contrast' injection to improve the diagnostic value of the pictures obtained. The Contrast material is an iodine based liquid that is injected into your body via a small cannula usually placed in the crook of your elbow.

It is normal to experience a warm flush, metallic taste and the sensation of urinating shortly after the contrast is injected. These sensations only last for a short period of time. The contrast is then processed out of your body by the kidneys.

The contrast injection does have some potential risks. There is a very small risk of infection, contrast leakage, kidney injury, allergic reaction, injury to the skin, nerve or blood vessel, and blood pressure and/or heart rhythm changes. Due to the small risk of a reaction you are required to be monitored within the department for at least 15 minutes after the injection.

Mild reactions may involve nausea, vomiting, sneezing and hives. Moderate reactions may involve prolonged vomiting, blood pressure and heart rate changes, or swelling of the mouth, face and throat. Severe anaphylactic reactions are extremely rare. There is always a Doctor on site to treat any reactions should they occur.

Kidney injury is related to your current kidney function, if you have poor kidney function we may ask you to hydrate after the injection or we will withhold giving you the injection.

Your individual risk is assessed based on your answers to the questions above. Your referring Doctor and our Radiologist will consider the very small potential risks against the diagnostic value of giving you the contrast.

**I hereby give my consent for the administration of IV contrast for this examination;  
The reasons for the contrast and the risks involved have been explained**

Patient/Representative Signature: \_\_\_\_\_

**If an allergic reaction does occur, in rare cases there is a possibility that you may require transportation to the Geraldton Regional Hospital by ambulance. Do you have ambulance cover?    **Yes**    **No****

Form Reviewed by Technologist Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**TECHNOLOGIST USE ONLY**

CREATININE Result \_\_\_\_\_ range ( \_\_\_\_\_ ) GFR \_\_\_\_\_

Date reported \_\_\_\_\_

ALLERGIC REACTION: \_\_\_\_\_

MEDICATION given \_\_\_\_\_

PRESCRIBED/Administered by \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cannulated By: \_\_\_\_\_

No of attempts: \_\_\_\_\_

Cannulation Site: \_\_\_\_\_

Injected By: \_\_\_\_\_

Saline Flush prior to use:    Y    N

Contrast Volume: \_\_\_\_\_  
(Amount)

**Failure to comply with compulsory monitoring period**

I \_\_\_\_\_ have chosen to not comply with the compulsory monitoring period after my contrast injection. I am aware of the potential risk of serious allergic or vascular reactions as outlined on the contrast consent form. I am also aware that these reactions can present at an extended period after the injection has been given. By leaving the department I am removing myself from prompt access to targeted drugs and treatment of potential contrast reactions. I also understand that although I may not have reacted to contrast given to me in the past, there is still a chance I may have a reaction on this occasion.

Patients Signature \_\_\_\_\_

Date \_\_\_\_\_

Please tell us why you have chosen not to comply with recommendations:

\_\_\_\_\_  
\_\_\_\_\_