

CONSENT FOR INTRAVENOUS CONTRAST MEDIA

Your doctor has requested an examination which may require that you receive an injection of ISOVUE contrast material into a vein. Contrast material is a clear solution, sometimes called “x-ray dye” because of its effects on the pictures that are taken. Injections of this type are given in hospitals to enable your doctor to see specific areas of your body where the dye collects. The clear dye will be passed unnoticed through the kidneys within 24 hours.

Most people have this type of examination without any complications; however, mild reactions to the contrast material occur occasionally. These mild reactions could include nausea, vomiting, itching and hives. These reactions may pass without treatment or respond quickly to medication. In some patients, particularly those with certain types of kidney disease, the dye may cause your kidneys to stop working for a period of time. As with any medication, in very rare circumstances (1 in 160,000 people) a severe reaction can occur including: changes in blood pressure, shortness of breath, seizure, kidney damage, cardiac arrest, or even death. There is no test to warn us in advance of this rare reaction.

During the exam, you **may** experience a metallic/garlic taste in your mouth, a warm sensation or hot flush and/or a sensation of wetting yourself. These side effects are harmless and should only last 30-45 seconds.

USE IN NURSING MOTHERS:

Research has shown that the amount of intravenous contrast agent excreted through human breast milk is negligible and does not harm the infant. Nursing mothers can continue to breast feed.

USE IN PREGNANCY:

ISOVUE should not be used during pregnancy unless the potential benefit to the mother clearly justifies the potential risk to the fetus.

A written consent is required for this procedure and will be documented in our computer. You are not required to give your consent until you are satisfied that you are informed about the test and you understand the risks. Please ask the technologist any questions you have about the examination. If the technologist is unable to answer your questions, he/she will ask the Radiologist to speak to you.

QUESTIONNAIRE TO BE COMPLETED BY PATIENT:

Please complete the attached questionnaire prior to your appointment and present the completed questionnaire to the CT Technologist.

NAME: _____

YES NO

Have you ever had x-ray dye? If yes, did you have a reaction? Please specify:

Drug/food allergies- please specify:

Asthma/breathing disorders

Pregnant

Diabetes, if YES are you taking **Metformin/Glucofage- yes/no/uncertain**

Kidney disease

Liver disease (including hepatitis)

HIV

Heart disease including

High blood pressure Congestive heart failure

1. In order to calculate the correct dose of IV contrast (x-ray dye) and ionizing radiation, please provide your weight and height:

Weight = _____

Height = _____

2. Do you have a history of cancer? **NO** **YES** Please specify:

a. Did you receive chemotherapy/ if yes when: _____

b. Did you receive radiotherapy/if yes when: _____

3. Chronic medical conditions: **NO** **YES** Please specify: _____

4. Past surgeries: **NO** **YES** Please specify: _____

Patient's/Other Signature: _____ Date: _____

CT Technologist's Signature: _____