## DEPARTMENT OF RADIOLOGY RISK ASSESSMENT FORM FOR ORAL AND IV CONTRAST ADMINISTRATION

NAME	SSN	
DATE	STUDY	
Patient Risk Assessment - Please answer the following questions to the b	est of your knowledge.	
For IV Contrast	1991-1991-1991-1991-1991-1991-1991-199	******
1. Are you over 60 years of age?	Voe	No
2. Do you have a Purple Power Port/Power PICC or any	y other Chest Port or PICC?YesYes	_
<ol><li>nave you nad a previous exam done with intravenous</li></ol>	us "dve" (indine dve)?	_
4. Previous contrast ("dye / lodine") ALLERGIC REACTI	ON. If yes when? year	_
<ol><li>if previous contrast ("dye") reaction, are you pre-tre</li></ol>	and a delivery of the second s	-
o. history of astrima (of any lung problems)	<del></del>	
7. Significant heart problems, for example:	Yes	_NO
<ul> <li>Severe congestive failure (difficulty breathir</li> </ul>	Ig at rest or upon mild exertion)	
o) Severe uncontrolled heart arrhythmias (pale	Ditations).	
c) A recent "heart attack" (within 1 week).		
d) Cardiac shock (pallor, tachycardia).		
e) Pulmonary hypertension. (lungs)	Wa a	
8. Severe kidney problems (creatinine >2.5mg/dl)	Yes	•
<ol><li>Diabetes ("high blood sugar") and serum creatinine</li></ol>	>1.4mg/dl	_No
10. Diabetes ("high blood sugar") and taking Glucophage	>1.4mg/diYes e (Metformin)	_NO
YesNo		
Glucophage must be held for 48 hours follo	wing the CT exam	
11. Sickle cell disease (red blood cell problems).		No
12. Are you pregnant or nursing an infant?		No
13. Have you had a barium study the last week?		NO
14. Do you have an implanted or External Electronic Me	dical Davises	No
15. Do you have Multiple Myeloma?		No
		No
The procedure that will be performed requires an IV injection of low osmosignificant side effects from the injection. Some patients do experience a experience NAUSEA, VOMITING, SKIN RASH OR DIFFICULTY BREATHING. An administration of intravenous iodinated contrast media to include but not but fortunately the risk of these adverse events is extremely low. And ever questions a Radiologist is available to provide further information.	sensation of HEAT, FLUSHING AND ALTERED TASTE. Other patients in is with any other medical procedure there are risks associated with the limited to ACUTE RENAL INSUFFICIENCY, CARDIAC ARREST AND SHO in lower with the use of low osmolar contrast agents. If you have any	the OCK
have read and fully understand the above questionnaire and the risks invariant and the risks invariant and the importance of proper hydration post contrast	pived with the administration of intravenous iodinated contrast med :.	dia
Patients Name (Parent or Legal Guardian) signature	Date	
CT Technologist	Date	
T Technologist if question #5 has a NO answer and any of the remaining q adiologist or resident before proceeding.	uestions are YES (except question #2). Please consult with the atter	nding
Radiologist		