



INTRAVENOUS CONTRAST HISTORY

Your doctor has ordered an x-ray exam to help him/her diagnose and treat your medical condition. This x-ray requires the injection of contrast media into your vein. We only use the new safest contrast available, called non-ionic, which is six times safer than the older contrast. Still, this may produce occasional side effects. The physicians and staff here are trained to treat these reactions.

The types of reactions you *might* experience are:

- **Minor reactions such as itching or nausea, which requires no treatment. The chance of a minor reaction is about 1 to 100 cases, or 1%.**
- **Serious reactions such as difficulty breathing, irregular heartbeat, convulsions, kidney failure or unconscious. The chance of this happening is 1 in 6,000 cases, or 0.017%.**
- **Death is very rare. This happens in 1 in 100,000 cases, or 0.001%.**

IF YOU HAVE ANY QUESTIONS ABOUT THE EXAMINATION, PLEASE ASK.

Do you have any of the following conditions?

Condition	Yes	No	Check below any reaction/allergies/diseases you may have had or medications you are taking
Pregnant at this time			
Allergies to:			<input type="checkbox"/> Iodine
Have had intravenous contrast before			<input type="checkbox"/> No problems <input type="checkbox"/> Had problems (Describe):
Previous contrast reaction			<input type="checkbox"/> Hives or rash <input type="checkbox"/> Severe nausea or vomiting <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Rapid heartbeat <input type="checkbox"/> Shock <input type="checkbox"/> Collapse
Heart Disease			If yes, describe:
Kidney Disease			<input type="checkbox"/> Kidney failure <input type="checkbox"/> Have had dialysis or on dialysis now
Diabetes			<input type="checkbox"/> Taking medication: <input type="checkbox"/> Metformin <input type="checkbox"/> Glucophage <input type="checkbox"/> Glucovance <input type="checkbox"/> Januvia
Myeloma or sickle cell anemia			

I certify that I have read this document (or have had it read to me in a language I understand). The explanations described were provided to me. I have had an opportunity to ask questions. All my questions have been answered to my satisfaction.

Signature of Patient or Legal Representative

Date

Print Name of Legal Representative

Relationship to Patient

For Radiology Use Only:

BUN: _____ Creatinine: _____	Tech: _____ <input type="checkbox"/> Started IV	No lab results <input type="checkbox"/> O.K. to inject per physician
IV Started: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> ER <input type="checkbox"/> IP:	IV/Gauge: <input type="checkbox"/> 22 <input type="checkbox"/> 20 <input type="checkbox"/> 18 <input type="checkbox"/> power PICC-line	IV Discontinued (Time): AM / PM
NOTES: IV contrast used - (350 Omnipaque) (320 Visipaque) <input type="checkbox"/> 100 ml <input type="checkbox"/> 75 ml <input type="checkbox"/> 50 ml _____ other NaCl flush: <input type="checkbox"/> 10 ml <input type="checkbox"/> 50 ml		
Patient reaction: <input type="checkbox"/> None		
<input type="checkbox"/> Reaction noted (Describe signs and actions taken):		
TECH SIGNATURE	DATE	TIME