Radiology Department

London Health Sciences Centre

## PATIENT QUESTIONNAIRE: X-RAY CONTRAST INJECTION

PATIENT INFORMATION: (Plate)					
Name:					
PIN#:					
DOB:					
HC#:					
Address:					
Phone:					

Your doctor has ordered an examination which will involve an injection through an arm vein of x-ray contrast dye. The purpose of this injection is to allow us to see organs and vessels in your body in greater detail. When we perform this injection, you may experience any or all of the following:

- 1. A cool feeling in your arm, near the injection site.
- 2. A warm sensation traveling from the back of your throat through your abdomen and into your groin.
- 3. A metallic taste in your mouth.

As with any injection of any other substance, there is a risk of an allergic reaction to this x-ray contrast dye injection. Reactions can range from mild (eg.nausea) to severe. The chance of a severe allergic reaction is very small. We have treatment available in the examination room should a reaction occur. If you experience pain at the injection site, immediately notify the technologist.

1. Do you have any allergies?	Yes	No No				
Are you allergic to artificial sweetners/aspartame?	🗌 Yes	🗌 No				
If yes, please list allergies:						
2. Have you had an injection of x-ray contrast dye before	🗌 Yes	🗌 No				
(eg. IVP, angiogram, heart catheterization, CT, etc)?						
If yes, did you have any problems with the contrast injection?	🗌 Yes	🗌 No				
If yes, please tell the Technologist.						
3. Do you have asthma?	☐ Yes	□ No				
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4. Has your Doctor ever told you that you have kidney problems, or	Yes	🗌 No				
kidney removed?						
If yes, what is the problem?						
5. Do you have high blood pressure?	🗌 Yes	🗌 No				
6. Are you on any medications for diabetes?		□ No				
If yes, do you take medication called						
Metformin, Glucophage, Actos, Avandamet or Janumet?	🗌 Yes	🗌 No				
Metionnin, Oldcophage, Actos, Avandamet of Sandmet:						
7. Are you on any medications that include Metformin?	🗌 Yes	🗌 No				
8. Have you had chemotherapy within the last 48 hours?		□ No				
o. Have you had chemotherapy within the last 40 hours?	∐ Yes					
9. Is there any chance you could be pregnant?	🗌 Yes	🗌 No				
10 Are you surrently breastfeeding?						
10. Are you currently breastfeeding?		🗌 No				
11. Do you have a glucose sensor or insulin pump?	🗌 Yes	🗌 No				
We recommend that you drink plenty of fluids after the examination and x-ray contrast dye injection, to help flush the x-ray contrast dye from your system						
Date:						

(YYYY/MM/DD)

SIGNATURE OF PATIENT / PATIENT'S SUBSTITUTE DECISION MAKER (SDM)

Date (YYYY/MM/DD):         Patient's Name:							
CONTRAST			ROUTE	TIME GIVEN			
				_			
				-			
				-			
	·			-			
				-			
				-			
CONTRAST INFORMATION DISCUSSED WITH PATIENT: YES NO OF RADIOLOGIST:							
SIGNATURE OF TECHNOLOGIST / RADIOLOGIST:							
Exam:							
	Pati		K-ray Contrast Injection				
		Guideline	s for Use				
Purpose:	<b>Purpose:</b> To screen for patients with possible risk factors to radiographic contrast material who may require additional processes to mitigate risk prior to or following in injection of contrast.						
Initiation:	<ul> <li>A new questionnaire is required prior to each procedure involving injection of the contrast medium.</li> </ul>						
	<ul> <li>The Radiologist will determine that the patient requires IV radiographic contrast as part of their procedure.</li> </ul>						
	<ul> <li>Inpatients: Radiology will notify the floor if the IV contrast has been ordered and the nurse will ensure that the form is completed prior to the patient going to radiology for the procedure.</li> </ul>						
	Outpatients:	Radiology will give the for arrival in radiology.	orm to the patient or substitute decis	ion maker upon			
Completin	g the Questionn	aire:					
<ul> <li>Where possible, the patient or substitute decision maker should complete the form. When not possible, the nurse will complete as much of the information as possible and this may include calling the family to fill in some of the details.</li> </ul>							
	<ul> <li>During the radiology examination the Radiologist or MRT will document any non intravenous contrast agents on the back of the questionnaire.</li> </ul>						
Accessibility of the Questionnaire:							
	Inpatients:		es should be placed in the front of the exam, the questionnaire will be place the chart.				
	Outpatients:	Questionnaires will be set the procedure.	ent to Health Records at the comple	tion of			