

I hereby authorize the performance upon me of the procedure known as **Computerized Tomography**.

Procedure

I understand that this is a process that uses x-rays and computer technology to make cross-sectional images of my body. The **benefit** is that this allows for many different views of the same organ or structure and provides greater detail. Although regular x-rays might be an **alternative** choice, they do not provide specific detail.

Risks and Potential Complications

The only **risk** of a CT scan is radiation, the same as with all other x-ray tests. If intravenous contrast is used, there are some risks which occur rarely.

I understand this test will be done **with** **without** contrast. **Contrast** refers to a solution taken by mouth or injected in to an intravenous line that causes the particular organ or tissue being studied to be seen more clearly.

Risks and Complications of Contrast

Risks and complications of contrast, although very rare, could include such adverse reactions as:

Nervous: convulsions, aphasia, paralysis, visual field losses which are usually transient but may be permanent, coma and death.

Cardiovascular: angioneurotic edema, peripheral edema, vasodilation, thrombosis and rarely thrombophlebitis, disseminated intravascular coagulation and shock.

Skin: maculopapular rash, erythema, conjunctival symptoms, ecchymosis and tissue necrosis.

Respiratory: choking, dyspnea, wheezing which may be an initial manifestation or more severe and infrequent reactions including asthmatic attack, laryngospasm and brochospasm, apnea and cyanosis. Rarely these allergic-type reactions can progress into anaphylaxis with loss of consciousness, coma, severe cardiovascular disturbances and death.

Miscellaneous: hyperthermia, temporary anuria or other nephropathy.

Other reactions may also occur with the use of any contrast agent as a consequence of the procedural hazard; these include hemorrhage or pseudo aneurysms at the puncture site, brachial plexus palsy following axillary artery injections, chest pain, myocardial infarction, and transient changes in hepatorenal chemistry tests. Arterial thrombosis, displacement of arterial plaques, venous thrombosis, dissection of the coronary vessels and transient sinus arrest are rare complications.

Additionally, complications with intravenous placement can include tissue or vessel damage, hematoma, infection, bruising or allergic reaction.

I have spoken with my physician/designee about this test, and about the risks of not having it done. I have read this consent form and have had the procedure explained to me. I hereby consent. I understand that medicine is not an exact science. I acknowledge that no guarantees or assurances have been made to me by anyone regarding the results, success, outcome of the procedure, and there is always the risk of serious complications or death.

I understand and read the English language or have had adequate interpretation or translation of this document. Any and all questions I had regarding this/these proposed procedure(s) have been answered to my satisfaction. **I hereby give my informed and voluntary consent.**

Signature of Patient or Legal Representative

Relationship to Patient

Witness

Date/Time

Reason if Unable to Sign

Signature of Interpreter (if applicable)

CONSENT FOR COMPUTERIZED TOMOGRAPHY 0909
(additional hospital consent not required)

Florida Hospital Memorial Medical Center
Daytona/Oceanside Campus
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PATIENT ID LABEL

[Empty box for Patient ID Label]



History Questionnaire for CT Scan and IVP Exams

Patient complaint: For what reason did your physician order this test? Please list your symptoms.

Have you ever had any of the following?

I:

Yes No Kidney transplant/one kidney?
Yes No Sickle Cell Anemia?
Yes No Multiple Myeloma?
Yes No Myasthenia Gravis or auto immune disease?

II:

Yes No Kidney/Renal disease?
Yes No Diabetes?
Yes No Currently on dialysis?
Yes No Do you have heart disease, congestive heart failure (CHF) or peripheral vascular disease (PVD)?

III:

Yes No Are you allergic to iodine, Betadine, or CT/imaging dyes/contrasts?
If Yes: please indicate the approximate date this occurred _____
• what type of reaction did you experience? _____
• what action was taken? _____

Yes No Have you ever been pre-medicated prior to receiving CT imaging dyes?
Yes No Are you allergic to any food or medication? _____
Yes No Do you have cancer? What type? _____

Female patients only

Yes No Is there a possibility you may be pregnant? If Yes, how many weeks? _____
Yes No Are you currently nursing? If Yes, express and discard for 24 hours, please.

Please list all surgeries: _____

Signature of person completing the form: _____ Date: _____

STAFF USE ONLY: **GFR:** _____ **Creatinine:** _____ **Date/Time of labs:** _____

Type of contrast used: _____ **Amount used:** _____ **Time of Injection:** _____

IV location: _____ **Amount wasted:** _____

Technologist performing the scan: _____

All patients 60 and over: GFR required within 90 days

GFR is an estimate of kidney function.

If Yes to any questions in section 1 GFR required. Contact radiologist.

If Yes to any questions in section 2 GFR required. Follow CIN Protocol.

If yes to section 3 Refer to Premedication protocol. Contact radiologist.

Pathway A: 45-60 GFR Pre and Post hydrations are **Recommended**

Pathway B: 30-44 GFR Pre and Post procedure hydrations and **Required**

Pathway C: 0-29 GFR **Contact radiologist**

Please check to see if patient has received IV contrast for any test in the last 24 hrs. If Yes, document the amount and consult with the radiologist.

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CT HISTORY AND QUESTIONNAIRE 0909

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