

CT Scan Department: Pre Examination Questionnaire

Name:

Date of Birth:

Address:

Hospital Number:

Weight:

Examination Time:

Examination Date:

OUT PATIENT Identification Check (you
must make a 3 point ID check of the patient)

**DO NOT CONTINUE UNTIL THE ID CHECK IS
COMPLETE**

*The ID has been checked against the patient
record by:*

.....Radiographer

Preparation: Water ☐ No Oral Prep ☐

Appointment Time:

Protocol & Vetting (you must check the vetting instruction on CRIS)

Examination Protocol:

Protocol & Vetting Checked:

Clinical History:

Scanned By:

Previous Examination:

Renal Function:

All outpatients undergoing a Post Contrast Examination must have a recent renal function result from within 6 months if they
have **DIABETES OR KNOWN RENAL IMPAIRMENT, PREVIOUS DIALYSIS, SINGLE KIDNEY OR KIDNEY TRANSPLANT**

eGFR: ml/min/1.73² Sample Date:/...../.....

If a renal function result is not available from within 6 months, please ask the following questions:

	Yes	No
Does the patient have kidney disease or kidney transplant?		
Has the patient seen, or are waiting to see, a kidney specialist, kidney surgeon or urologist?		
Does the patient have any symptoms of acute illness likely to cause acute kidney injury e.g. diarrhoea, vomiting, fever, hypovolaemia, infection or difficulty passing urine?		

If all answers are 'no' proceed with contrast, if any are 'yes', seek advice from radiologist and complete authorisation form

Allergy Questionnaire Prior to IV Contrast

	YES	NO
Does the patient have any allergies? If "yes" the patient can receive contrast media, although the risk of reaction is up to x3 higher than a patient without allergy history		
Has the patient had a previous reaction to contrast? If "yes" check historical radiology record and discuss with the radiologist		
Does the patient have asthma? If "yes" and the condition is well controlled with medication there is no specific contraindication for contrast media		
Does the patient take beta-blockers? If "yes" the patient can receive contrast media, although any reaction that may occur may be more serious, call for help early		
Does the patient have eczema? If "yes" the patient can receive contrast media, the risk of reaction is higher in these patients		
Is the patient diabetic? If "yes" check renal function result. If diabetic and eGFR <30 check if taking Metformin. Withhold metformin for 48hrs after contrast and re-test renal function.		
Does the patient have any known renal problems, single kidney, previous dialysis or renal transplant? If "yes" check renal function result		
Does the patient have an over-active thyroid gland? If "yes" check thyroid function if elevated and not on treatment (carbimazole/beta-blocker) refer to radiologist		

If asthmatic: is the condition well controlled? Y N Checklist completed by:

Post contrast form sent with patient: ☐

Allocate to reporting list: ☐

Check **all** images are transferred to PACS: ☐

Return to correct location on porters list: ☐

Completed by:

