

Cardiac CT: Pre Examination Checklist	Identification Check (you must make a 3 point ID check of the patient)	
CRIS Label	<p>DO NOT CONTINUE UNTIL THE ID CHECK IS COMPLETE</p> <p>The ID has been checked against the patient and recorded by:</p> <p>_____ Radiographer</p>	
	Scan Time:	Date:
	Height (cm):	Weight (kg):

Clinical Information for CT Examination:	
Referrer:	
CTCA Examination:	(you <u>must</u> check vetting instructions on CRIS)

IODINATED CONTRAST MEDIA	YES	NO
Has the patient ever had a previous contrast reaction ? If 'yes' check historical radiology record and discuss with the Radiologist.		
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 without allergies.		
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 is <30 check if taking Metformin. Withhold Metformin for 48hrs after contrast and re-test renal function.		
Does the patient have any know renal problems ? (single kidney, dialysis, transplant) If 'yes' check renal function result.		
Does the patient have an overactive thyroid gland ? If 'yes' check thyroid function (TSH, T4 Free). If elevated and not on treatment (carbimazole/beta-blockers) refer to Radiologist.		
BETA-BLOCKERS	YES	NO
Has the patient been prescribed and are currently taking beta-blockers ? If 'yes' the patient can receive contrast media, although any reaction that may occur may be more serious, call for help early.		
If 'yes' name of beta-blocker and dosage :		
Does the patient have asthma or any other respiratory conditions ? If 'yes' and the condition is well controlled with medication, there is no specific contra-indications for contrast media.		
Does the patient have a cardiac pacemaker ?		
Has the patient been recently diagnosed with heart failure ?		
Has the patient been diagnosed with heart block or bundle branch block ?		
Does the patient have an allergy to beta-blockers?		
GLYCERYL TRINITRATE (GTN)	YES	NO
Do you have severe hypotension ?		
Do you have aortic valve stenosis ?		
Do you have mitral valve stenosis ?		
Have you taken any phosphodiesterase inhibitors i.e. Viagra in the last 24 hours?		
Do you have an allergy to GTN or nitrates?		

RENAL FUNCTION	
Creatinine (µmol/L):	Authorisation to administer intravenous iodinated contrast media <i>(If no results available or to override)</i> Dr: Signature:
Urea (mmol/L):	
eGFR (ml/min/1.73 ²):	
Date of results:	

PATIENT PARAMETERS PRIOR TO MEDICINES ADMINISTRATION		
Resting Heart Rate (bpm):	Blood Pressure (mmHg):	Ectopics or Arrhythmia: Yes <input type="checkbox"/> No <input type="checkbox"/>

RECORD OF MEDICINES ADMINISTRATION			
BETALOC® Metoprolol Tartrate (1mg/ml) – <i>to be administered intravenously</i>			
Administered: Yes <input type="checkbox"/> No <input type="checkbox"/>		Time of last dose:	Total volume administered: ml
Batch Number:	Expiry Date:	Injected by:	Checked by:

NITROLINGUAL® GTN Spray 400mcg – <i>2 sprays to be administered sublingually</i>			
Administered: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Batch Number:	Expiry Date:	Administered by:	Checked by:

OMNIPAQUE 350 Iodinated Contrast Media – <i>to be administered intravenously</i>			
Administered: Yes <input type="checkbox"/> No <input type="checkbox"/>		Total volume administered: ml	
Batch Number:	Expiry Date:	Injected by:	Checked by:

SALINE Sodium Chloride 0.9% – <i>to be administered intravenously</i>			
Administered: Yes <input type="checkbox"/> No <input type="checkbox"/>		Total volume administered: ml	
Batch Number:	Expiry Date:	Injected by:	Checked by:

<i>Metoprolol Tartrate (1mg/ml) and Glyceryl Trinitrate (400mcg) are prescribed and administered by the supervising clinician.</i>	
Date medicines prescribed and administered:	
Prescribing and Administering Clinician:	Dr.
Prescribing and Administering Clinician's Signature:	
<i>Optiray® 350 and Sodium Chloride 0.9% are administered by Radiographers in accordance with departmental PGDs.</i>	

PAUSE & CHECK	
Post contrast information provided <input type="checkbox"/>	Blood pressure checked post procedure <input type="checkbox"/>
Raw data protected <input type="checkbox"/>	Allocated to Reporting list <input type="checkbox"/>
Images transferred to PACS archive <input type="checkbox"/>	Images transferred to Syngo.via <input type="checkbox"/>