

Patient Information Regarding IV Contrast Injections

Patient Name: _____ **DOB** _____

1. Please indicate if you have any of the following :

- History of “kidney disease” as an adult or family history of kidney problems
- Any kidney, ureter or bladder surgery If yes, please describe _____
- Diabetes
- Paraproteinemia syndromes or diseases (e.g. Multiple Myeloma)
- Collagen vascular disease (e.g. Lupus)
- Recent contrast study (e.g. within the last 7 days) _____
- Sickle Cell Disease

2. Have you ever had an allergic reaction to contrast agents containing GADOLINIUM, FERIDEX or IODINE? YES NO

***If “YES”, based on your reply, you may require pre-medication prior to receiving IV Contrast, no IV contrast, or alternative imaging. Please describe*:** _____

3. Do you have a history of the following medical conditions:

- Asthma (if you have active asthma, bronchospasm, or bronchitis requiring treatment, please inform your technologist now).
- Cardiac Disease (angina, congestive heart failure, aortic stenosis, primary pulmonary hypertension, severe but well compensated cardiomyopathy)
- Hemochromatosis (iron overload disorder)
- History of allergic (anaphylactic) reaction to one or more allergens
- Allergies to any medications, medical tape, latex etc. _____

4. Certain Medications:

- Metformin or metformin-containing drug combinations (Metformin, Avandament, Glucophage, Glucophage XR, Glucovance)
- Regular use of nephrotoxic antibiotics, such as aminoglycosides, or non-steroidal anti-inflammatory drugs (e.g. Advil, Motrin, Aleve, etc.)

****If you checked any of the boxes above, please inform your technologist now. You may require special instructions and further blood test(s) to assess your kidney function prior to receiving IV contrast media.***

Your physician has ordered an examination that requires an injection of an IV contrast agent into your vein. This contrast agent will demonstrate any normal/abnormal features of organs and anatomy within the body that would otherwise not be visible without the contrast agent. The contrast will be eliminated from your body by the kidneys. This test is not a treatment but is for diagnostic purposes only.

Modern contrast agents have been shown to be safe, but there is still a risk of allergic reaction from the injection just like any other injection of medicine.

Most patients experience no unusual effects from this injection. Once the contrast is injected you might experience a warm or cool feeling in your arm and/or have a metallic taste in your mouth. This is normal. Some of the reactions/side effects of IV contrast administration may include; nausea, hives, vomiting, rash, “warm feeling”. Rare, but more serious reactions can include difficulty breathing, change in blood pressure and kidney failure. The technologist will be constantly observing you for any reaction but please let the technologist know if you start to experience any of the above. Medications are on hand to treat these conditions should they occur.

I understand the procedure and give permission for the intravenous injection of contrast material.

Signed: _____
 (Patient, Parent or Guardian)

Date: _____