

**COUNTY HOSPITAL
CONTRAST INJECTION SHEET**

DATE: _____ **PATIENT NAME:** _____ **X-RAY #:** _____

EXAM: _____ **INPATIENT** **OUTPATIENT** **ER** **OTHER** _____

MEDICATION: Is the patient taking glucophage, glucovance, or metformin? **YES NO** If yes, inform the Radiologist prior to injecting Contrast. The patient must be off this medication 48 hours after the injection of Contrast to prevent the possibility of Renal Failure.

PRE-ASSESSMENT

SMOKER	YES NO	HISTORY OF ASTHMA	YES NO
HISTORY OF ASTHMA	YES NO	POLYCYTHEMIA OR PHEOCHROMOCYTOMA	YES NO
SICKLE CELL ANEMIA	YES NO	HISTORY OF URTICARIA (HIVES)	YES NO
RESPIRATORY FAILURE	YES NO	HISTORY OF DIABETES MELLITUS	YES NO
RENAL FAILURE	YES NO	SEVERE GENERAL DEBILITY	YES NO
ON RESPIRATOR	YES NO	ANY CARDIAC DYSFUNCTION	YES NO
ANY PREVIOUS X-RAY STUDIES USING IV CONTRAST	YES NO	KIDNEY DISEASE	YES NO
ANY PREVIOUS REACTIONS TO CONTRAST	YES NO	MULTI MYELOMA	YES NO
ANY HISTORY OF SEVERE URTICARIA (HIVES)	YES NO		
ANY ALLERGIES TO MEDICINE	YES NO	FOOD	YES NO
		OTHER ALLERGY	_____

PATIENT EDUCATION

The Contrast media is injected through a small needle placed in vein usually on the inside of the elbow or back of the hand. Contrast agents are normally considered quite safe; however, any injection carries a slight risk of harm, including injury to a nerve, vein, or reaction to the Contrast agent such as sneezing or hives. A serious reaction to the Contrast agent is very uncommon - one in a thousand. The risk of a severe consequence including death is very rare - one in forty thousand. The physicians and staff of the Radiology Department are trained to recognize and treat these reactions.

Patient verbalizes understanding of teaching **YES NO**

INTRA-ASSESSMENT

Type of Contrast Administered _____ Non-Ionic Bolus Injector Amt. Administered _____
Injected via: Existing IV Saline Lock Port Cath Other _____
IV Start: Venipuncture Site _____ # of Sticks _____ Angio Cath _____ Butterfly _____

REASSESSMENT

Contrast Reaction: None Hives Nausea & Vomiting Sneezing Other _____
Treatment Given: Adrenalin Benadryl Solu Medrol Other _____
Amount Given: _____ IV Site Complication Post Injection: **YES NO** _____

TECHNOLOGIST SIGNATURE: _____