UCSF Medical Center

UCSF Benioff Children's Hospital

PATIENT SCREENING FORM FOR IODINATED CONTRAST

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION DATE

You have been scheduled for an exam with Radiology that may require administration of contrast material ("x-ray dye") through an intravenous line. To help us ensure your safety, please complete this form as accurately and completely as possible.

TO BE COMPLETED BY PATIENT OR PARENT/GUARDIAN (Please circle yes/no responses)

1. Have you ever had a previous reaction or problem with intravenous contrast ("x-ray dye")? Yes No
   If yes, give details:____
2. Have you ever had a life-threatening allergic reaction? Yes No
   If yes, give details:____
3. Are you taking any of the following metformin-containing medications: Glucophage, Glucophage XR, Fortamet, Metaglip, Avandamet, Glucovance, Glumetza, or Riomet? Yes No
4. Are you 60 years of age or older? Yes No
5. Do you take medication for diabetes? Yes No
6. Do you take medication for high blood pressure? Yes No
7. Do you suffer from kidney disease? Yes No
8. Do you have one kidney or have you had a kidney transplant? Yes No

eGFR (To be completed by Radiology staff)

eGFR: _______ (mL/min/1.73m2) | <30 | ≥30 OR not needed

Date: ____ /____ /_______*

eGFR within 6 weeks required for ANY yes answers to questions 4 through 8.

Height: _____ Weight: _____ When did you last eat or drink (except water)? ___________

TO BE COMPLETED ONLY FOR WOMEN OF CHILD-BEARING AGE:

9. Is there any possibility that you may be pregnant? Yes No
10. Are you breast-feeding? Yes No

INSTRUCTIONS TO RADIOLOGY RN OR RT

YES answers to questions 4-8 and no recent eGFR available:
Proceed with an immediate Cr/eGFR test at the direction of the protocoling physician.

STOP – If there are ANY circles in the STOP column, further consultation with a supervising radiologist is required before administration of contrast. Nursing and technical staff should consult with a supervising radiologist for further instructions. Proceed only when the order for this examination has been reviewed, and is updated by the supervising radiologist.

GO – If ALL the circled responses are in the GO column: PROCEED with contrast administration as per the contingent order. This order is now final, and the electronic signature of the protocoling physician in conjunction with this form attests that the administration of contrast material has been reconciled with the patient's current medication.

Please sign below to confirm that you have received, read, and understood the Frequently Asked Questions about CT Exams. A physician is available to answer any further questions you may have.

Signature of patient/parent/guardian: ____

Signature of RN or Technologist: ______________________________________ Date: ______ Time: ______

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