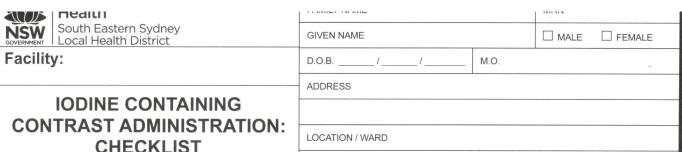
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CHECKLIST

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

For your examination today, you may require the administration of an iodine-containing (X-Ray) contrast. This contrast helps us to visualize the blood vessels and internal organs, and is often essential in making an accurate diagnosis.

There is a small risk of an allergic type reaction to the contrast; most of these reactions are mild. More serious reactions can

Weight (kg): Age: Procedure:						
Do you have ANY of the following? (indicate Yes or No with an 'X' in the box)	Yes	No	Staff Comments:			
Have you ever had a test for which a contrast medium or an 'x-ray dye' was administered? e.g.CŢ ṣcan, Angiogram, Intravenous Pyelogram (IVP)			IV Contrast in past 72 hours?			
f yes, did this injection produce any reaction or problem? f yes, please describe what happened.						
Do you have any allergies ? (e.g. medicines or food) f yes, what are they and have you ever required medical treatment for your allergy?			Inpatients: Check medication chart/eMEDS			
Do you have asthma? f yes, is it currently well controlled?						
Do you have a history of kidney problems ? e.g. single kidney, kidney transplant, kidney failure, dialysis, kidney cancer or surgery. f yes, specify:			Creatinine micromol eGFR: mL/minu Date: /20 Cr Clearance /Risk			
Do you have to restrict your daily intake of fluids ? What is this restriction?						
Do you have diabetes ?			Inpatients: Check medication chart/eMEDS			
f yes, do you take metformin therapy? (some brands include Diabex®, Diaformin®, Glucobete ®, Formet®, Metex XR®)			Withhold Metformin Yes No			
Do you have heart disease or high blood pressure for which you are taking medication? If yes, specify:						
Do you take beta blocker medications? (some beta blockers include: atenolol, bisoprolol, carvedilol, sotalol, labetalol, metoprolol, nebivolol, oxprenolol, pindolol, propranolol)			Inpatients: Check medication chart/eMEDS [
Do you have problems with your thyroid gland ? e.g. over-active thyroid or thyroid nodule. If yes, specify:						
Are you due to have a nuclear medicine scan of your thyroid gland in the next 8 weeks?						
Do you have any medical conditions such as a phaeochromocytoma, multiple nyeloma, Interleukin-2 treatment, sickle cell, myasthenia gravis?						
f female, is there any possibility that you could be pregnant ?			If yes, consult with radiologist before proceding			
Do you have an implantable device e.g. Port-a cath or PICC line?			If yes, consult with staff accredited in CVADS			
Are you currently receiving chemotherapy?			If yes, within the past 7 days?			
Patient Signature						
Staff member completing checklistPrint Name			/			

Print Name

Signature

Time

ID Number

Health							TAMILE I WAVIL							
South Eastern Sydney GOVERNMENT Local Health District						GIVEN	NAME	☐ MALE ☐ FEMALE						
Facility:						D.O.B.	D.O.B/ M.O.							
						ADDRE	ESS							
	IODINE													
CONTRAST ADMINISTRATION:					LOCAT	LOCATION / WARD								
CHECKLIST						(COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE							
_ALLER	GIES & ADVE	RSE DRU	G REA	CTIONS	S (ADF	Ora	al Contrast requir	ed:	Yes \square No	□ N/A				
Nil known														
							Oral contrast name, time and volume given:							
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						2_		_ Time:	: Vo	olume:				
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Sign	Pr	rint		Date		3_		_ Time:	: vc	olume:				
Prescript	tion													
Date prescribed	Medication Print generic name	Strength	Route	Dose	Rate	Frequency	Prescriber signature Print name or STO	Given by Print Na	me Designation	Checked By Print Name Designation	Time given			
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Existing	Access	inical Proo	edure es [Level 2	to be	recorded		rmation		apher performing Medical Radiation				
	w cannula ins													
1							Print Name		Ins	ertion Time:				
1	njectable PIC													
							ly to be accessed	and use	ed by accred	dited staff				
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			PIIII	Name						Traine				
	removed?			e for o	lelaye	d contras	t reaction.							
Staff Con	nments:													
						• • • • • • • •	BARIOT SCITT	FORT	TION OFFI	EM FOR OUT	TIENTS			
PLACE 1	THIS FORM II	N CLINIC	AL RE	CORD	OR S	CAN INTO	RADIOLOGY IN	FORMA	TION SYST	EM FOR OUTPA	ILENTS			

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