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|  | **SOUTHERN PHILIPPINES MEDICAL CENTER** | | | | | | | | | | | | | | | | | Pt. Name : | | | | | | | | | |  | | |  | | | |
|  | **Department of Radiological and Imaging Science** | | | | | | | | | | | | | | | | | Patient No: | | | | | |  | |  | |  | | |  | | | |
|  | **J.P Laurel Ave., Bajada, 8000 Davao City** | | | | | | | | | | | | | | | | | Age/Sex: | | | | | |  | | Status: | |  | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | Birth date: | | | | | |  | |  | |  | | |  | | | |
|  | **CONTRAST MEDIA HISTORY & ASSESSMENT FORM** | | | | | | | | | | | | | | | | | Address: | | | | | |  | |  | |  | | |  | | | |
|  | Examination: | | |  | | |  | | | |  | | |  | | | | Date: | | | | | |  | |  | |  | | |  | | | |
|  |  | |  | | --- | | IVU | |  | CT: | | |  | | | |  | | | |  | | --- | | Others: | | | | | Ward: | | | | | |  | |  | |  | | |  | | | |
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|  | You have been scheduled for an imaging exam that requires contrast material to be administered through an intravenous (IV) line. Contrast material helps to enhance certain portions of the body on the image | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | **TO BE COMPLETED BY PATIENT OR GUARDIAN:** | | | | | | | | | | | | | | | | | **POSSIBLE CONTRAST REACTIONS** | | | | | | | | | | |  | | | | |
|  | Please answer yes or no to the following questions related to the patient medical history. | | | | | | | | | | | | | | | | | **MILD REACTIONS:** No treatment necessary  1. Warm or flushed sensation (Mainit na pakiramdam)  2. Metallic taste in the mouth (May sa bakal na panlasa sa dila)  3. Mild nausea and vomiting (nasusuka)  4. Mild urticaria (puntik-puntik na pamumula ng balat)  5. Mild pruritus (pangangatl)  6. Mild diaphoresis (pagpapawis)  **MODERATE REACTIONS:** Treatment may be initiated More severe presentations of symptoms 1-6  1. Facial edema (Pa mamaga ng mukha)  2. Mild bronchospasm (banayad na pagsisikip ng daluyan ng hangin sa baga)  **SEVERE REACTION:** Must be treated immediately  1. Hypotensive shock (matinding pagbagsak ng blood pressure)  2. Cardiorespiratory arrest (pagpigil ng pagtibok rig puso at paghinga)  3. Pulmonary edema (pamamaga ng baga)  4. Loss of consciousness (pakawala ng malay)  5. Convuslons (kombulsion)  6. Severe laryngeal & bronchial spasm (sobrang pagsisikip ng daluyan rig hangin)  **NOTE:** The overall frequency of adverse reactions is only 5-10%. Most of these are very mild and need not be treated. However, in one of every 1,000 to 2,000 examinations, a moderate or severe reaction can occur. | | | | | | | | | | |  | | | | |
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|  | **YES** |  | **NO** |  |  | | | |  | | | |  | | |  | |  | |  | |  |  | | | | | | | | | |
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|  |  |  |  |  | Have you had a previous x-ray exam using IV contrast material (IVP, CT, angiogram, etc.)? | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
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|  |  |  |  |  | Are you allergic to a contrast material? | | | | | | | | | | | | |  | |  | |  |  | | | | | | | | | |
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|  |  |  |  |  | Do you have any history of allergy? | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  | If yes pls. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | |  |  | |  | | | | | | | | | |
|  |  |  |  |  | Do you have a history of kidney disease? | | | | | | | | | | | | |  | |  |  | |  | | | | | | | | | |
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|  |  |  |  |  | Do you have only one kidney or had a renal  (kidney) transplant? | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
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|  |  |  |  |  | Do you have a history of diabetes? | | | | | | | | | | |  | |  | |  |  | |  | | | | | | | | | |
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|  |  |  |  |  | Have you taken the drug GLUCOPHAGE  (metformin hydrochloride) in the 24 hours? | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  |  |  |  |  | Do you have a history of heart disease? | | | | | | | | | | | | |  | |  | |  |  | | | | | | | | | |
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|  |  |  |  |  | Do you have sickle - cell anemia? Pheochromocytoma?  Myeloma? | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  |  |  |  |  | Are you pregnant or do you suspect that you might be pregnant? | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
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|  | Weight: | | | | | | | kg | |  | |  | | |  | |  | |  | | | | | |  | |  | | |  | |  | | | |
|  | Creatinine: | | | | | | | mg/dl | |  | | Date taken: | | |  | |  | |  | | | | | | | |  | | |  | |  | | | |
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|  | **AUTHORIZATION TO PERFORMANCE OF PROCEDURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | I certify that the above information is true and accurate and I hereby consent to undergo \_\_\_\_\_\_\_\_ voluntarily after  duly understanding the necessity and risk of such procedure. I further consent to the administration of the anesthesia as may  be necessary and the taking of photographs for the advancement of medical knowledge. Whatever the result of this  intervention, I nor my guardian/family shall not hold the SPMC staff liable to any charge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | Signature or thumbmark of Patient/Parent/Guardian | | | | | | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | | | |
|  | WITNESS: | | | | | | | Signature \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | |  | | | | | |  | |  | | |  | |  | | | |
|  |  | | | | |  | | Signature \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | |  | | | | | |  | |  | | |  | |  | | | |
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|  | **POST-CONTRAST INSTRUCTION:** | | | | | | | | | | | | | | | |  | |  | | | | | |  | |  | | |  | |  | | | |
|  | Please drink 8 glasses of water today. (Avoid beverage such as coffee, tea or soft drink which contain caffeine and avoid alcoholic beverage. If your IV site sore, reddened or swollen, apply a warm, wet washcloth to the area for 15-20 minutes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
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