

## /// PATIENT INFORMATION INTRAVENOUS (IV) CONTRAST

Your doctor has asked us to perform a CT scan. As part of this procedure we may need to inject iodinated contrast (x-ray dye) into a small vein in your arm or back of hand.

It is important that you read the following information, and complete and sign the consent form on the back of this page so we can complete the examination.

### What is Iodinated Contrast (X-ray Dye)?

Iodinated contrast is a colourless liquid which is injected into your vein and circulates around your body. It is denser than your blood and it enables your organs to be clearly seen when the CT scan is performed. This helps the Radiologist identify the information required to assist in your diagnosis.

### What are the risks?

**Allergic Reaction:** The contrast given can sometimes cause an allergic reaction. Non-life threatening reactions may occur such as hives, sweating, sneezing, nausea & vomiting, and swelling. These are generally of short duration and may or may not require some tablets to relieve the symptoms.

Severe anaphylactic allergic reactions to modern iodinated contrast are **rare** (approximately 1 in 10,000), and may include low blood pressure, slow or rapid heart rate, asthma attack or collapse. Our department has processes to deal with emergencies and a system for transfer to a hospital if required.

**Contrast leaking into the surrounding tissues:** It is important to let the staff know if you experience pain during the contrast injection, as occasionally some contrast can move into the surrounding tissue from the injection site. This is treated by using a cold compress and monitoring of the affected area.

**Renal Damage:** Contrast can be damaging to the kidneys, especially those kidneys already under

stress. There is a series of questions we will ask you to assess the state of your kidneys to make sure it is safe to administer the contrast. If contrast is administered, we will advise you to drink extra water over the following 24 hours to assist your kidneys in their work in removing the contrast from your body. If you are on a fluid restriction, this would not apply, so please let the radiology staff know and they will advise you appropriately.

### Will I feel anything during the injection?

You may experience a feeling of warmth and flushing through your body, a metallic taste in your mouth, and you may experience the feeling of loss of bladder control. **THIS IS NOT AN ALLERGIC REACTION AND IS COMMON.** These sensations are very short lived (usually less than a minute).

### What will happen after the examination?

If you have an IV injection you will be required to stay in the department for monitoring for 15-30 minutes following the scan. One of the nursing staff will then remove the IV line from your arm before you leave. You will then be able to return to normal activities.

It is important to increase your fluid intake over the next 24 hours to avoid any renal problems if you are given IV contrast.

If you have any concerns over the following week, please contact our nursing staff on 8275 1906.

**For an after-hours emergency please attend your nearest hospital that offers an after-hours emergency service.**

*Please turn over the page to fill out the IV contrast consent form, if you have any queries these should be directed to radiology staff.*

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**Please see over page for checklist & consent form.**

# /// INTRAVENOUS (IV) CONTRAST CHECKLIST & RADIOLOGY CONSENT

## Patient details:

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Please circle a response, if "yes", please note details / medications

Have you read the information on the other side of this form? YES NO

Have you had a CT scan previously? YES NO \_\_\_\_\_

Have you had a previous IV contrast injection? YES NO \_\_\_\_\_

Have you had a previous reaction to IV contrast? YES NO \_\_\_\_\_

Do you have a Power Port Device or a PICC Line that can be used for your injection today? YES NO \_\_\_\_\_

Are you allergic to anything? YES NO \_\_\_\_\_

Do you suffer from any of the following?

Asthma: YES NO \_\_\_\_\_

Eczema: YES NO \_\_\_\_\_

Kidney disease: YES NO \_\_\_\_\_

Heart disease: YES NO \_\_\_\_\_

Do you take any beta blocking medications? \_\_\_\_\_

Thyroid disease: YES NO \_\_\_\_\_

If yes, what sort of medication do you take? \_\_\_\_\_

Multiple Myeloma: YES NO \_\_\_\_\_

Are you pregnant or breastfeeding? YES NO \_\_\_\_\_

Are you diabetic? YES NO \_\_\_\_\_

If yes, what sort of medication do you take? \_\_\_\_\_

## Patient Consent (To be filled out in Radiology)

I have been informed about the risks regarding an IV contrast injection, and consent to having IV contrast administered.

**Patient Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_