

intravenous contrast consent form

This is a diagnostic test that uses x-rays to produce images of internal body parts. The study your doctor has requested requires the injection of contrast material into a vein. The injection will be performed using standard sterile technique. The contrast provides improved visualization of certain tissues in the body. The contrast contains iodine. We use a form of contrast (low osmolar, non-ionic) that reduces the risk of minor adverse reactions.

During the injection you may feel a warm sensation and a metallic taste in the mouth. A mild allergic reaction, although less likely, may occur in the form of coughing, sneezing, skin rash and itching. If skin rash and itching persist after the study is over, it may be treated with an anti-histamine. More severe reactions are rare but may occur. These include difficulty breathing, swelling of the throat, diffuse swelling, seizure, drop in blood pressure, anaphylactic shock, kidney failure, cardiac arrest and death.

Mild swelling and tenderness may be present at the site of injection for a few days after the injection. As with all types of intravenous injections, it is possible for the needle to slip out of the vein. If this occurs, contrast material is injected into the soft tissue of the arm (extravasation). This results in swelling or pain at the injection site. Because we use non-ionic, low osmolar contrast, this is unlikely to cause tissue damage or permanent injury.

Patients who are at higher risk for adverse effects of contrast are those who:

- Have had a previous reaction to contrast material which required treatment
- Have multiple myeloma, sickle cell disease or polycythemia
- Have asthma or severe allergies
- Have kidney disease, particularly if caused by diabetes
- Have severe or incapacitating heart disease
- Take certain oral diabetic medications

If you believe you are in one of the above categories, please notify the staff of this facility. We would like to emphasize that serious reactions to contrast are rare. The benefit of this exam is to assist your physician with making a diagnosis. There may be other imaging alternatives, however, your physician believes the x-ray/scan with contrast is the best diagnostic test for you after evaluating your symptoms and medical condition.

If there is any possibility of your being pregnant, please inform the Radiologic Technologist prior to the x-ray procedure. The physician or Radiologic Technologist will be pleased to answer any specific questions about the procedure before or at the time of the study.

contrast permission signature

Your signature on this form indicates that you have read and understand the information provided in this form, that you have had a chance to ask questions, that you have received all the information you desire concerning the procedure and the risks involved and that you authorize and consent to the performance of the procedure.

Patient/legal guardian signature _____ Date _____

Witness _____ Date _____

TO BE FILLED OUT BY TECHNOLOGIST

Contrast type and amount administered _____ Site of injection _____ Lot # _____

Registered technologist's signature _____ Date _____