

CT SCAN WITH MEDIUM CONTRAST

INFORMATION AND QUESTIONNAIRE FOR THE PATIENT AND FOR THE ACCOMPANYING PERSON (IF ANY)

Kindly answer to all the questions and sign the form as free and informed agreement for the exam execution.
Si

Dear patient Mr./Mrs. **Surname e Name Born in on the**

Affix the lable with patient's data

The doctor suggested to you to execute CT scan with non-ionic medium contrast in order to better understand your clinical problem with the correct therapy.

CT scan is a method which uses x-rays and for this type of exam is provided the introduction of a medium contrast through arm vein. Medium contrast is a liquid which allows a clearer view of the investigated organs.

Medium contrast are now made extremely sure, occasionally could provoke adverse effects, like:

- **(FREQUENT REACTIONS)** hot flushes, sneezing, nausea, vomiting, dry mouth, rash. These symptoms usually are not treated and solve themselves.
- **(MEDIUM REACTIONS)** diffused urticaria, dyspnoea, bronchospasm, changes in blood pressure, irregular heartbeat, angina, seizure, fall or unconsciousness. These reactions are usually treated. The probability that they happen is between 1 and 3 %.
- **(SEVERE REACTIONS)** glottis edema, anaphylactic shock. They could occur is 0,04 %. The probability that they happen is around 0,04%.
- **(VERY SEVERE REACTIONS)** Very rarely, like it happens for many drugs, medium contrast may cause death. The probability that they happen is around 0,004%.

PATIENT MUST INFOMR ABOUT RISK FACTORS FOR:

- severe renal insufficiency
- severe cardio-vascular insufficiency
- Waldenstrom paraproteinemia
- thyrotoxicosis
- generic allergies, asthma
- **anaphylactoid reactions like: previous reactions to the medium contrast**, bronchial asthma, important allergies.
- severe hepatic insufficiency
- diabetes
- multiple myeloma
- hypertension

In these cases, pharmacological prophylaxis is required before the exam.

I accept to execute the exam according to the information I received, to the risk, the effects and the consequences, even if negative ones, that could occur, as explained in the above information.

I could ask to the Radiologist my questions and I received from him clear and comprehensive answers.

I am aware that I can decide by myself to not execute this exam and execute another type of investigation, accepting the consequences of this decision.

I am aware of the possibility of revoking the agreement in any moment before the exam.

I patient, Surname and Name

Or

myself, (surname name) _____ born in _____ on the ____ / ____ / ____

 holding parental rights on the minor Tutor support administrator legal representative

Received and understood the disclosure on the exam, including methodology, term, conditions, limits and results of the exam;

Confirmed to have understood the explanations received and clarified all my doubts with the radiologist, who clearly answered;

aware of the possibility to revoke the present agreement any time before the exam.

 AGREE **DO NOT AGREE****To the execution of the above-mentioned exam**

Tricesimo,

Signature

Tricesimo, **Data**

The medical responsible of the performance

Tricesimo,

Firma

 Dott. Degano Gian Paolo
 Dott. Fiore Daniele Dott. Rositani Pasquale
 Dott.ssa Ulcigrai Veronica**AGREEMENT REVOCATION**

I _____

born in _____ on the ____ / ____ / ____

REVOKE the agreement given on the _____ to the execution of the above-mentioned exam

Tricesimo,

Signature

The radiologist responsible

IMPORTANT

In May 2014 sanirad started to use the Udine Large Area for the preparation of patients in contrast medium exams.

The document we are reporting here below has been submitted to the opinion of the interested regional representatives of the Scientific Society and to the Surgeons and Dentists Union of Udine.

The ASS 4 with a decision of the General Director n. 160 of the 18/5/14 started to use the document (hereby we report module 1a, Modul 1b and Module 2) with the aim of distributing the contents among the specialists of the public and private facilities of the Udine Large Areas, as prescribers and providers of medium contrast exams.

The patient will be contacted by the Clinic some days before the exam for the check of the documents.

**IF THE PATIENT DOES NOT HAVE ANAMNESTIC DOCUMENTS MADE BY THE PRESCRIBING DOCTOR
AND THE REPORT OF CREATININE THE EXAM WON'T BE DONE.**