

## RMN EXAM

### 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 RMN exam with contrast in order to better understand your clinical problem with the correct therapy.

In the questionnaire, there are questions about your health, in order to perform the exam safely.

This method does not use x-rays, but magnetic field (magnetic field) e radio frequency. It is not dangerous for the human body. It is important to understand that it uses a magnetic field that exercises (as a magnet) attractive forces on magnetized metal materials that you may have with you or in that you may have with you or in our body, like surgical implants, metallic splinters, IUDs, pace-makers o similar.

That's why we ask you to give detailed information to the staff about that materials.

During the exam, you will hear a rhythmic noise, coming from the equipment; the exam is not painful nor dangerous.

It is important that during the exam (that can take from 25 to 50 minutes according to the type of exam), you stay fixed, regularly breathing; you can speak in any moment with the operator.

#### IN ORDER TO SAFELY EXECUTE THE EXAM, YOU MUST:

- **Keep off all metallic objects** (clasps for hair, glasses, jewels, pens, watches, credit cards or magnetic supports, coins, dresses with zippers and/or buttons and/or metallic hooks, belts, etc.);
- **Keep off devices** (hearing devices, dentures, temporary teeth devices, sanitary belt, contact lenses...);
- Keep clean and dry skin, without creams or make-up, particularly in the eyes;
- **Wear only "cotton" underwear;**
- **Bring all previous documents** (clinical, laboratory, radiological) connected with the exam

**Attention:** the exam can ruin tattoos, if any. Clinic Direction does not bear about possible damages to the material of which the removal has been recommended.

Staff is available for any questions: please feel free to ask for any doubts before doing the exam.

**During this exam RMN a paramagnetic medium contras will be introduced through an arm vein.** Medium contrast is a liquid that allows a clearer view of the investigated organs.

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

- **(COMMON REACTIONS – 1 case among 100 patients – MILD SEVERITY)** hot flushes, sneezing, nausea, vomiting, rash. These symptoms usually are not treated and solve themselves.
- **(RARE REACTIONS – 1 case among 10.000 patients - SEVERE)** diffused urticaria, breathing diffculties, irregular heartbeat, seizures or unconsciousness. These reactions are usually treated.
- **(VERY RARE REACTIONS – from 1 case among 100.000 patients to 1 case su 1.000.000 patients).** In extremely rare cases and only in patients suffering from serious renal insufficiency or under dialysis nephrogenic systemic fibrosis have been reported, which mostly interests arts with possible permanent incapacity.
- **(EXTRAORDINARY REACTIONS – 1 case among 5.000.000 patients – DEATH RISK)** Very rarely, like it happens for many drugs, medium contrast may cause death.

**It is interesting to know that, for having a clear perception of risk value, that death risk for car accident is 1 among 10.000.**

The patient must inform about risk factor for anaphylactoid reactions as previous reactions to medium contrast, bronchial asthma, important allergies. In these cases it the pharmacological prophylaxis is necessary before the exam.

### WE KINDLY ASK YOU TO CAREFULLY ANSWER TO THE FOLLOWING QUESTIONS:

• You suffered surgical intervention on:	<input type="checkbox"/> head	<input type="checkbox"/> abdomen	<input type="checkbox"/> neck
	<input type="checkbox"/> extremity	<input type="checkbox"/> breast	<input type="checkbox"/> other
<b>Do you have:</b>			
• Cardiac Pace-maker or other cardiac catheters?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Defibrillatori impiantati?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Spinal or ventricular derivation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Neuro-enhancers, brain implanted electrodes, subdural-enhancers or similar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Spinal or ventricular catheters (in patients with hydrocephalus)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Do you know if you have sickle cell anemia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Metallic implants (previous fractures, corrective measures, etc.) like screws, nails, strings...	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Metallic clips on aneurysms (blood vessels), aorta, brain?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Hearth valves? Stents? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Spine implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Insulin infusion pump or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Metallic objects inside ears or hearing implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• IUDs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Fiex or mobile teeth prothesis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Piercing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Lens implant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Contact lenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Transdermal patches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Metal splinters or fragments (in particular into the eyes) because of car or hunting accidents, or explosions or work-related.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Are you breast- feeding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Are you claustrophobic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Are you suffering or did you ever suffer from seizures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
• Are you pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Last period date _____
• Have you ever been to vertebral-bone marrow Surgery Unit of Udine or do you think to go to?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

I sincerely answered to the questionnaire, I read and understood the above mentioned and all my doubts have been cleared.

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

Firma .....

 Dr. Degano Gian Paolo Dr. Rositani Pasquale Dr. Fiore Daniele Dr. Dalla Pasqua Francesco Dr. 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.**