Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

Diagnostic Imaging Department

CT REQUISITION

NAME: _____ M / F

ADDRESS: _____

_____

DO WE HAVE CONSENT TO LEAVE INFORMATION PERTAINING TO YOUR APPOINTMENT? ❒ YES PHONE #:_____

D.O.B _____ HEALTH CARD # _____

UNIT #: _____

APPOINTMENT

DATE:_____

TIME:_____

APPOINTMENT LOCATION

❒ Georgetown 1 Princess Anne Dr, ON L7G 2B8 Ph:905-873-4596 Fax: 905-873-4593
❒ Milton 725 Bronte St. S ,ON L9T 9K1 Ph:905-876-7023 Fax:905-876-7003
❒ Oakville 3001 Hospital Gate, ON L6M 0L8 Ph:905-338-4604 Fax:905-845-9921

CT EXAM REQUESTED – Please be specific / specify levels

❒ Head ❒ Sinus ❒ Neck
❒ Chest ❒ Abdomen ❒ Pelvis
❒ Renal Colic ❒ Kidneys Only
❒ Spine (MRI recommended) (specify levels) _____
❒ CT Angio (specify vessels of interest) _____
❒ MSK/Soft Tissue (specify region of interest) _____
❒ Other _____

MRI generally recommended for w/u of solid organ lesions

CLINICAL INFORMATION:

_____
_____
_____
_____
_____

RELEVANT PREVIOUS STUDIES

❒ Halton Healthcare ❒ External _____

Requisition must include external reports or booking will be delayed.

For **follow-up of, or for comparison to previous** outside studies, the patient must bring the outside IMAGES to the appointment or a delay in interpretation may result while we attempt to obtain.

Referring Physician: _____

Copy Report to: _____

Physician Signature: _____

Date: _____

Physician's Phone #: _____

Fax #: _____

h3611-a

PLEASE NOTE TABLE WEIGHT LIMIT IS 220 KG

It is not necessary to complete the Risks for Contrast Nephropathy portion (below), for the following studies:

CT Head (Unless metastatic work-up)
CT Sinuses
CT Chest: Screening / Follow-up / HRCT
CT Renal Colic
CT Spine Or Extremities
CT Study to be completed without Contrast Injection ❒ Yes

RISKS FOR CONTRAST NEPHROPATHY / ALLERGIC RXN (must be completed for all IV contrast studies)

	Yes	No
Dehydration	❒	❒
Diabetes	❒	❒
Gout	❒	❒
Hypertension	❒	❒
Renal Impairment (Surgery, transplant, solitary kidney, insufficiency)	❒	❒

If "YES" for any of the above risk factors, you MUST provide the following:

eGFR _____ Unstable ❒

Date of Blood Test: _____

****Must be within 4 weeks**

	Yes	No
Acute Kidney Injury (AKI)	❒	❒

ALLERGIES	Yes	No
Allergy to CT or Angiographic contrast media	❒	❒

If yes, complete specifics on back of requisition and fax with requisition

DIALYSIS	Yes	No
Patient on dialysis	❒	❒
Producing urine	❒	❒

REQUIREMENTS	Yes
Interpreter	❒
Sign Language	❒
Hoyer Lift	❒
Special Needs	❒

Please indicate needs_____

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NAME---------- D.O.B----------

Guidelines for Screening and Prevention of Contrast Induced Nephropathy

For Patients with One or More Risk Factors: Please provide eGFR from within 1 month for outpatients and within 48 hours for acutely ill or inpatients. In emergent situations, eGFR may be waived

For further information about contrast media (including contrast induced nephropathy and allergic reactions) please refer to: *https://www.acr.org/Clinical-Resources/Contrast-Manual*

METFORMIN PROTOCOL

IF eGFR is < 30, Metformin must be discontinued for 48 hours post CT contrast injection. It should only be reintroduced after renal function has been confirmed as stable at 48 hours post injection.

HYDRATION PROTOCOL

Hydration Protocol	IV normal saline 300 ml x 1 hours pre CT and normal saline 350 ml / hr 2 hrs post CT or 2-3 L of oral hydration prior to CT exam

CONTRAST MEDIA ALLERGY PRE-MEDICATION

SYMPTOMS		ELECTIVE PREMEDICATION PROTOCOL
I. MILD (self-limited without progression)	☐ Limited urticarial/pruritus ☐ Limited cutaneous edema ☐ Limited "itchy"/"scratchy" Throat ☐ Nasal congestion ☐ Sneezing/conjunctivitis/ rhinorrhea	NOT FORMALLY REQUIRED – but, as per patient preference diphenhydramine can be prescribed which may prevent prior mild reaction. Please note if used patient will require a driver.
II. MODERATE (more pronounced and commonly require medical management)	☐ Diffuse urticarial/pruritis ☐ Diffuse erythema, stable vital signs ☐ Facial edema without Dyspnea ☐ Throat tightness or hoarseness without dyspnea ☐ Wheezing/bronchospasm, mild or no hypoxia	50 mg Prednisone by mouth at 13 hours, 7 hours and 1 hour before contrast administration, AND 50 mg Diphenhydramine intravenously, intramuscularly, or by mouth 1 hour before medium administration
III. SEVERE (Often life-threatening)	☐ Diffuse edema, or facial edema with dyspnea ☐ Diffuse erythema with Hypotension ☐ Laryngeal edema with stridor and/or hypoxia ☐ Anaphylactic shock (hypotension and tachycardia)	Other Modality or non-enhanced CT is recommended. If CT with contrast is required then Radiologist consult is necessary and above pre-medication will be required.
OTHER: _____		

Accelerated IV Premedication (**for ER or INPATIENTS** where timely imaging precludes the above favoured oral protocol) Methylprednisolone sodium succinate (e.g. Solu-Medrol*) 40 mg IV or hydrocortisone sodium succinate (e.g. Solu-Cortef*) 200 mg IV immediately, and then every 4 hours until contrast medium administration, plus diphenhydramine 50 mg IV 1 hour before contrast medium administration. This regimen usually is 4-5 hours in duration.