

Please arrive 20 minutes prior to your appointment time to allow for registration



Diagnostic Imaging Department
CT CONSULTATION

(Consider MRI as initial test, particularly for younger patients.
 NOTE: in some cases, we might recommend a more appropriate test)

Name: _____ M / F
 Address: _____
 Phone: (H) _____ (W) _____
 D.O.B. _____ Health Card #: _____
 Unit #: _____

Agree to refer to alternative organization if Wait List is shorter: Trillium Health Centre Credit Valley Hospital Either **WSIB Third Party:** Yes No Claim Number: _____

Appointment

DAY: _____
DATE: _____ / _____ / _____
Date Month Year
TIME: _____ a.m. _____ p.m.

Appointment LOCATION

Georgetown 1 Princess Anne Dr, Georgetown, ON L7G 2B8 Ph: 905-873-0111 x 8236 Fax: 905-873-4593
 Milton 7030 Derry Rd., Milton ON L9T 7H6 Ph: 905-876-7023 Fax: 905-876-7003
 Oakville 3001 Hospital Gate, Oakville, ON L6M 0L8 Ph: 905-338-4604 Fax: 905-845-9921

- GUIDELINES**
- 1) Physician to complete requisition. Incomplete requisitions will be returned, resulting in delay of study.
 - 2) Requisitions to be faxed to: Oakville: 905-845-9921 or Milton: 905-876-7003
 - 3) If there is relevant prior imaging, please provide reports with requisition.
 - 4) All Questions Must Be Answered

Patient agrees for Halton Healthcare to leave appointment information on home telephone. See phone number above.

Patient Weight: _____ lbs (limit 400 lbs) **Pregnant:** No Yes Unsure (If "Yes", or "Unsure", delay test until non-pregnant status confirmed. If urgent, consult with Radiologist.

CT Exam Requested – Please be specific / specify levels

Chest Head C-Spine _____
 Abdomen Sinus T-Spine _____
 Pelvis Neck L-Spine _____
 Renal Colic CT Angio _____
 Other _____
 CT Biopsy / Drainage _____
 Required bloodwork (to be done at hospital):
 INR _____ Hemoglobin _____ Date Obtained _____
 PTT _____ Platelets _____

Clinical Information:

Relevant Previous Treatments/Studies Date Where

Relevant Previous Treatments/Studies	Date	Where
<input type="checkbox"/> MRI (Magnetic Resonance Imaging)	_____	_____
<input type="checkbox"/> CT (Computed Tomography)	_____	_____
<input type="checkbox"/> Ultrasound	_____	_____
<input type="checkbox"/> X-Ray	_____	_____
<input type="checkbox"/> Nuclear Medicine	_____	_____
<input type="checkbox"/> Angiography	_____	_____

Risks for Contrast Nephropathy (must be completed for IV contrast study)

Diabetes Mellitus	Yes	No
List of diabetic medications _____		
(If patient on Metformin, see instructions on reverse side)		
Renal Insufficiency	Yes	No
Elderly (greater than 70 years of age)	Yes	No
Dehydration, sepsis, shock	Yes	No
Cardiovascular disease	Yes	No
Nephrotoxic medications	Yes	No
Prior chemotherapy	Yes	No
Immunosuppressed / Organ Transplant	Yes	No
Solitary kidney	Yes	No
Multiple myeloma	Yes	No
HIV	Yes	No
If any risk factors for Contrast Nephropathy are present, you must provide the following:		
Name of Nephrologist (if available): _____		
GFR (estimated Glomerular Filtration Rate) _____		
Date of Blood Test: _____		
(please specify if still pending - OP within 4 wks / IP within 48 hours)		
Indicate Precautions Taken:		
<input type="checkbox"/> Oral Hydration	<input type="checkbox"/> IV Hydration	
<input type="checkbox"/> Medication (e.g. Mucomyst/Sodium Bicarb)		
<input type="checkbox"/> Nephrologist Consult		

See Halton Healthcare Guidelines on reverse side for Screening and Prevention of Contrast Nephropathy

ALLERGIES

Allergy to IV contrast media containing iodine	Yes	No
Allergy to medications	Yes	No
List Medications: _____		
Other severe allergies: _____		
Is patient pre-medicated? (see protocol on reverse)	Yes	No

Referring Physician: _____
 Copy Report to: _____
 Physician's Signature: _____
 Date: _____
 Physician's Phone #: _____ Fax #: _____

For Radiologist's Use Only

IV Contrast - Yes No

Office Code	Stamp Date
	Requisition Received:

Guidelines for Screening and Prevention of Contrast Induced Nephropathy

(adapted from the Canadian Association of Radiologists – webpage: www.car.ca)

Contrast Induced Nephropathy (CIN) is an acute deterioration of renal function that occurs 24 to 48 hours following injection of iodinated contrast media for CT scans, angiograms and venograms. The most important risk factor is pre-existing renal impairment, particularly Diabetic Nephropathy.

For Patients With One or More Risk Factors. Please provide eGFR from within 1 month for out-patients and within 48 hours for acutely ill or in-patients. In emergent situations, eGFR may be waived – proceed with intravascular volume expansion.

All Patients with eGFR 30 – 60 mL / min / 1.73 m ²	Patients with eGFR less than 30 mL / min / 1.73 m ²
Ensure adequate oral or IV saline hydration (see below)	The same as for all patients with eGFR < 60 and, in addition, consider intravenous saline or bicarbonate hydration.
Hold nephrotoxic drugs 48 hours prior to contrast when possible (Nephrotoxic Drugs include: loop diuretics, amphotericin B, aminoglycosides, vancomycin, non-steroidal anti-inflammatory drugs, cancer and immune suppressant chemotherapy)	
Hold diuretics especially Furosemide at least 24 hours prior to contrast, when possible.	
Avoid repeat contrast studies for 3 – 10 days, if possible	
Follow up Renal Function test at 2 days.	Follow-up Renal Function tests at 2 and 5 days.

Oral Hydration for Contrast Study

- 250 – 500mL saline (e.g., salty broth) the day before and again the morning of up to 2 hours before the scan.
- Liberal oral fluids for 24 hours post contrast media

Mucomyst at discretion of ordering physician

or

Intravenous Hydration for Contrast Study

- For in-patients: intravenous saline 1mL/kg/h for 12 hours prior to procedure and 12 hours post procedure
- For fluid loading same-day scan: intravenous saline 1 -2mL/kg/h 3 – 6 hours prior to procedure and 6 hours post procedure
- For rapid volume expansion: consider sodium bicarbonate 3 amps (150 meq) in 850mL D5W at 3mL/kg/h for 1 hour before contrast administration and at 1mL/kg/h for 6 hours after contrast administration.

Mucomyst at discretion of ordering physician

METFORMIN PROTOCOL

Hold Metformin after contrast study for 48 hours. Re-start Metformin if repeat renal function test demonstrates stability of renal function (less than 25% increase compared to baseline function).

PRESCRIPTION OF CONTRAST

If the eGFR > 60mL / min / 1.73 m², unless otherwise requested, contrast will be prescribed at the radiologist's discretion.

If the eGFR is between 30 – 60mL / min / 1.73 m², unless otherwise requested, contrast will be prescribed at the radiologist's discretion. Please ensure to follow the above recommendations.

If the eGFR is < 30mL / min / 1.73 m² or **acute** renal failure, contrast will not be prescribed unless the case is discussed with the radiologist (consider nephrologist consult).

If the patient has a risk for contrast nephropathy and no eGFR is provided, the study will either be performed without contrast or postponed, if contrast is considered necessary for diagnostic purposes. If the eGFR is pending, upon receiving the eGFR value, the referring physician will be contacted by facsimile to confirm.

CONTRAST MEDIA ALLERGY PRE-MEDICATION

(see CAR Guidelines www.car.ca)

Non Urgent Situation

Emergency Situation

- | | |
|--|---|
| <ul style="list-style-type: none"> Prednisone 50mg PO 13, 7 and 1 hour prior to study Diphenhydramine (Benadryl) 50mg PO 1 hour prior to study | <ul style="list-style-type: none"> Hydrocortisone: 200mg IV 1 hour prior to and 4 hours after study Diphenhydramine (Benadryl) 50mg PO/IV (or IM) 1 hour before |
|--|---|

BREASTFEEDING PATIENTS

- You may continue to breast-feed normally after your CT scan with IV contrast.
- The amount of contrast absorbed by the baby is **less than 0.01%** of the total amount given to the mother.
- There have been no reports of harmful effects from the contrast to the baby from breast-feeding mothers who have had the x-ray dye. However, if you are still concerned about any potential harm to the baby, you can express and discard the breast milk for 24 hours.
- During this time you may use stored breast milk or formula and then resume breast-feeding after 24 hours.
- Mother Risk: 416-813-6780 www.motherisk.org