Patient Information: Computed Tomography (CT)

Dear Patient,

PLEASE DISCLOSE THE POSSIBILITY OF A PREGNANCY OR AN EXISTING PREGNANCY BEFORE THE START OF THE INVESTIGATION!

Your doctor has issued a referral for you to undergo a computed tomography (CT).

The investigation:

The investigation will take about 10 to 20 minutes. In the CT room you will be positioned on a special bed which will move slowly through the opening of the CT device when the investigation is in progress. During this time, cross-section images of your body will be obtained by the use of X-rays. We request you to lie completely still and follow the breathing commands as correctly as possible in order to avoid blurring of the images.

Contrast medium:

Many medical questions require intravenous application of a contrast medium, which is usually administered with an automatic syringe into a vein in the arm or hand.

Possible side effects and complications:

- Reddening and possibly small hematomas at the site of injection are unspecific and usually irrelevant.
- A sensation of warmth in the body and a bitter taste in the mouth occur frequently, are harmless, and resolve rapidly.
- Very rarely the vein may burst during the injection or the tube may be positioned incorrectly. In this case the contrast medium may enter the tissue. One perceives this immediately as a sensation of pain. Please report this immediately even if the imaging is already in progress so that further injection of the contrast medium can be stopped. The contrast medium entering the tissue is eliminated through the lymph tract; this is no reason to anticipate any serious consequences.
- Hypersensitivity reactions (allergies) to the contrast medium (carrier medium or iodine) are basically possible. These are largely limited to skin rashes which resolve rapidly.
- Occasionally there may be a tickle in the throat; sensitive persons may experience breathlessness in rare cases.
- During the investigation please report immediately any symptoms you consider unusual. The doctor in charge will be consulted when this happens.
- Serious incidents, even allergic shocks or cardiovascular arrest are possible - as is true for nearly all medications. However, such events are extremely rare for several million administrations of CM and have been practically nil in the last few years - with the use of new contrast media.
- If side effects occur, medical help will be immediately available.

Thus, contrast medium is a safe medication when viewed in relation to its benefit. However, limitations apply to some persons.

In order to ensure that the administration of contrast medium is safe for you, you are requested to answer the following questions (on the rear side of the information sheet).

Of course you have the right to refuse the administration of contrast medium without stating reasons. If you wish, the doctor will inform you about any disadvantageous aspects.
Patient's Name: 

In order to be able to estimate a potentially higher risk, we request you to answer the following questions by checking them out. Of course we will be glad to answer any further questions.

1. **Have you undergone any of the following investigations?**
   - X-ray of the kidney (IVP/IVU) □ YES □ NO
   - Computed tomography (CT) with contrast medium □ YES □ NO
   - Imaging of leg veins (Phlebography) □ YES □ NO
   - X-ray of vessels (Angiography/Cardiac catheter) □ YES □ NO

2. **Have you ever experienced any of the following after the administration of contrast medium?**:
   - Nausea / vomiting / breathlessness / choking sensation □ YES □ NO
   - Asthma attack □ YES □ NO
   - Skin rash □ YES □ NO
   - Seizures, unconsciousness □ YES □ NO
   - Chills □ YES □ NO
   - Pain □ YES □ NO

3. **Are you known to suffer from any of the following diseases?**
   - Allergies requiring treatment □ YES □ NO
   - Asthma □ YES □ NO
   - Diseases of the kidney/adrenal gland □ YES □ NO
   - Thyroid disease □ YES □ NO
   - Diabetes □ YES □ NO
   - If yes, what medications are you taking for the above mentioned diseases:

   ....................................................................................................................................................

   M. Kahler (Bone marrow disease) □ YES □ NO

4. **Body weight............................... kg**

5. **For women:**
   - Are you pregnant? □ YES □ NO
   - Are you currently breast-feeding? □ YES □ NO

I confirm I have read this information sheet and understood its contents. I have answered the questions on this patient information sheet to the best of my knowledge. I consent to undergoing the suggested CT investigation and to any administration of intravenous contrast medium.

___________________________________________ _________________________________
Patient's signature                                     Doctor's Name and Signature

___________________________________________ _________________________________
Guardian's signature Name and Signature of the
(for patients less than 18 years of age) Medical Technician / Radiological
Technician

________________________ Date/Time

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