

MRI Contrast Questionnaire

If you have any queries, please [e-mail: mrissafety@fortiusclinic.com](mailto:mrissafety@fortiusclinic.com)

{Affix Patient Label Here}	Patient Name	<input type="text"/>		
	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Weight	<input type="text"/>		Height <input type="text"/>

Please answer the below questions carefully. If you answer YES to any of the following, please contact mrissafety@fortiusclinic.com	Yes	No
Have you ever had contrast media or dye injection as part of an MRI scan?		
If yes to the above, have you ever had an allergic reaction to a contrast media or dye injection?		
Do you have any other known allergies? <i>If so please list</i>		
Any renal function problems or Kidney disorders? <i>If yes or you are over 65 years old we will need a recent blood test result.</i>		
Do you suffer from reduced liver function?		
Have you recently undergone or are you due to undergo a liver transplant?		
Do you suffer from cardiovascular disease?		
Are you asthmatic?		
Do you suffer from Diabetes or seizure disorders?		
Do you take any medications? <i>If yes please list.</i>		
Could you be pregnant?		
Are you currently breastfeeding?		

Some patients undergoing an MRI scan may require an injection of intravenous dye (contrast) known as Gadolinium. After it has been injected into a vein, Gadolinium provides greater tissue contrast in the body, and provides information regarding blood flow. The risk of side-effects is small, but can include minor reactions such as headache, sneezing, nausea, vomiting, hives and swelling, and these symptoms usually resolve rapidly. In the unlikely event of an anaphylactic reaction occurring (1 in 10 million chance) the department is fully equipped to provide the necessary intervention.

I confirm that I have been asked the above questions and the information is correct to the best of my knowledge. I consent to the examination and the intravenous injection needed. I confirm the risks and benefits of the contrast injection have been explained to me and I consent to the injection.

Signature of Patient	<input type="text"/>	Date	<input type="text"/>
Signature of Radiographer	<input type="text"/>	Date	<input type="text"/>

FOR STAFF USE ONLY – CANNULA AND CONTRAST RECORDS

SITE OF CANNULATION					
RT ACF	LT ACF	RT HAND	LT HAND	RT WRIST	LT WRIST
OTHER.....					
ROUTE: IV		ATTEMPTS:		QUANTITY:	
INJECTED BY:		INSERTED BY:			

DRUG ADMINISTRATION RECORD							
Medicine name/ Form (BNF approved)	Dose	Route	Batch Number	Expiry Date	Administrator's Signature	Print Name	2nd Check Initials
		IV					

If you consider patient has increased risk of contrast reaction or check with radiologist.

Checked by Radiologist:

Radiologist Outcome:

1: No contrast 2: Contrast given, Benefits>Risk Keep Patient for 30 MINS

Creatine

EGFR

I confirm that I have checked the referral for the following:

Correct Patient Identified	
Areas to be scanned are compatible with clinical details	
Contrast injection has been approved by radiologist	

Radiographer Signature

Date

Counter checked by Signature

Date