

Informed consent of the patient

CT examination with iodide contrast medium



NEMOCNICE
JABLONEC NAD NISOU, p. o.

Medical devices: Hospital Jablonec nad Nisou, p.o.
Workplace: Radiological department

Doctor attending for examination: _____

Patient: _____
Name, surname, date of birth

Examination: CT scans with the administration of contrast solution.

Examination:

CT Scan is a modern method using the effects of X-ray (RTG) radiation which represents a certain burden for the human body and its use should be seriously considered. However, the diagnostic CT Scan will contribute significantly to the clarification or check of your health condition, which can influence the following course of your treatment

Examination Procedure:

The examination is carried out while you are lying and you must follow the instructions of the health care personnel precisely (e.g. holding your breath for a moment).

On the basis of the information provided by you and your attending physician, the radiologist will consider the necessity of the intravenous administration of the contrasting substance, or he will recommend a preventive drug administration to eliminate potential complications connected with the intravenous administration of the contrasting substance

If the examination can be performed without the necessity of administering the contrasting substance, no preparation or provision of intravenous access is necessary.

In case the contrasting substance has to be administered, the intravenous access will be provided to you into your arm generally (a similar injection as for blood taking).

During and immediately after the intravenous administration, you may experience the accompanying phenomena of the contrasting substance, especially the feeling of "heat all over the body", you may in exceptional cases feel sick or strong heart beat. These feelings will fade away after a while.

Pre-Examination Preparation:

- Come to the examination with an empty stomach (at least 4 hours before the examination only little liquid, no coffee or alcohol).
- In case you are allergic to any substances (including the allergy to pollen or insect bite), please inform your attending physician as well as the staff of the CT department about it in advance. Please inform them especially if you have ever had an allergic reaction to the intravenous administration of an iodine contrasting substance, not only for a CT Scan but also for the examination of blood-vessels (angiography and flebography) or of the kidneys (secretive urography).
- Inform the personnel of the CT department if you suffer from any kidney function disorder, bronchial asthma, glaucoma, diabetes or excessive thyroid, hyperthyroidism.

CT Scan Risks and Possible Complications

Possible serious complications include allergic reactions which can occur even if you have never experienced them and you have already been examined by means of the iodine contrasting substance. The diagnosis as well as the method of treating those complications depends on the seriousness of the allergic reaction, and the personnel of the CT department are prepared for that.

More serious complications from the administration of modern contrasting substances occur only in exceptional cases.

Post-Examination Procedure, Possible Limitations

Regarding the fact that health complications may in exceptional cases last for a longer period after the examination, it is recommended to come to the examination with an accompanying person, and to wait for at least 30 minutes in the waiting room of the CT department.

The contrasting substance is released from the body mainly through kidneys. Therefore, it is advisable to increase the intake of liquids, unless it is in conflict with your health condition or the treatment. This will accelerate the secretion of the substance.

Indicator questionnaire - fill out with the attending physician or with the staff of CT dep.

Check questions (circle the correct answer):)

Have you been ever examined with an intravenous administration of the contrast agent (CT, Angiography)?	ANO	NE
Have you seen an allergic reaction after that?	ANO	NE
Of what kind?		
Are you allergic?	ANO	NE
For what?		
How does that manifest?		
Do you have asthma?	ANO	NE
Do you have diabetes?	ANO	NE
Do you take medication? What kind?		
Do you have hyperthyroidism?	ANO	NE
For women of reproductive age: Can you be pregnant now?	ANO	NE

Declaration

- I have been informed in detail about all treatment alternatives, their advantages and risks, and I have had the possibility to choose one of the alternatives (unless the treatment is subject to special legal regulation). I have been informed about the possible limitations in my routine manner of life and my incapacity to work after the treatment, with possible expected changes of my medical condition and medical fitness.
- I have fully understood the information and instructions and agree with the suggested procedure.
- In case unexpected complications occur requiring the immediate performance of other treatment necessary to save my life or health, I agree with the performance of all further necessary and urgent treatment necessary to save my life or health.
- I have had the opportunity to ask supplementary questions which have been duly answered to me
- I declare that I have fully understood the above instruction, answered the questions truthfully and expressly agree with the execution of the medical performance

In _____, _____

A signature handwritten by the patient

Name and signature of witnesses of the instruction and consent of the patient if the patient is unable to sign in person or the signature of legal guardians, eg children and adolescents under the age of 18:

Signature of the attending physician who has checked the answers to the questions:

Signature of a physician of the CT department who did the instruction:

This informed consent is part of the request for examination.