

CT COLONOGRAPHY PROCEDURE LIST

For the patient:

Please list current medication:

Affix Patient Label here

Please answer the following questions by circling or ticking the correct response:

Have you had a previous CT Colonography? If yes, were there any problems?	YES	NO
Have you had a Colonoscopy in the last 4 weeks? Did they remove any polyps?	YES	NO
Have you read the information leaflet sent to you?	YES	NO
Have you followed the diet and Gastrografin preparation sent to you?	YES	NO
Do you have any allergies? If yes, please specify	YES	NO
Are you diabetic?	YES	NO
Do you take iron tablets? If yes, when did you last take one?	YES	NO
Do you have any heart conditions? (angina, tachycardia, arrhythmia, heart failure?) If yes, please specify	YES	NO
Do you have Myasthenia Gravis? (chronic autoimmune neuromuscular disease)	YES	NO
Do you have Glaucoma?	YES	NO
For male patients: Have you ever had urinary retention that required catheterisation?	YES	NO
For female patients: Could you be pregnant?	YES	NO
Do you consent to the use of your CT images for research, audit or teaching? All of your details will be removed and you will not be identified from the images.	YES	NO

Please sign your name below to give your consent to this procedure:

Print Name..... Patient's signature:Date:.....

For staff to complete:

Safety checks (See SOP for further information)	Initials of staff
Patient checklist reviewed	
Risk factors for Buscopan (hyoscine butylbromide)	

Contraindications for the administration of Buscopan (hyoscine butylbromide):

Angle-closure glaucoma, myasthenia gravis, mechanical stenosis in the gastrointestinal tract, paralytic or obstructive ileus, megacolon, enlargement of the prostate with significant urinary retention.

Cautions for the administration of Buscopan:

Arrhythmias, tachycardia, congestive heart failure, coronary artery disease (all may be worsened), pyrexia, prostatic hyperplasia.

Common side effects with the administration of Buscopan:

Dizziness; drowsiness; dry mouth; dyspepsia (indigestion); headache; temporary blurring of vision (do not drive until resolved).

Buscopan administered: YES ☐ NO ☐

Batch:.....Expiry Date.....Radiographer.....