

Bristol Cardiac CT Procedure List

For the patient:

Please list current medication:

Affix address sticker here

Please answer the following questions by circling the correct response:

Have you had a CT Scan before?	YES	NO
Have you had a recent catheter angiogram?	YES	NO
If yes, did you have an injection of contrast medium (X-ray dye) for that scan?	YES	NO
If yes, did you have a reaction?	YES	NO
Have you had contrast medium (X-ray dye) in the last 3 days?	YES	NO
Do you have any allergies? (Drugs, food, latex or other) If yes, please specify	YES	NO
Do you have or have you ever had high blood pressure?	YES	NO
Do you have kidney, liver, thyroid disease or gout? If yes, please specify	YES	NO
Do you have diabetes?	YES	NO
Do you have asthma? If yes, do you use an inhaler? Are you currently wheezy or is the asthma poorly controlled?	YES YES YES	NO NO NO
Do you take regular pain killers or diuretics (water pills)? If yes, please specify the name	YES	NO
Do you take a medication called Verapamil?	YES	NO
We will be giving you Nitroglycerin tablets (GTN) for your scan. Have you taken any medication for erectile dysfunction in the past 48 hours? (Brand names: Viagra, Cialis, Levitra, Stendra, Staxyn, sildenafil, avanafil, tadalafil, vardenafil)	YES	NO
For female patients: Could you be pregnant? Are you breast feeding?	YES YES	NO NO
We are a teaching trust. Do you consent to the use of your CT images for research, audit or teaching? All your details will be removed and you will not be identified from the images.	YES	NO
Current Symptoms to be checked by Radiographer or Radiologist		
Do You get discomfort in your chest?	YES	NO
Does it spread into the neck, shoulders, jaw or arm	YES	NO
Is the discomfort: (Please Circle) Sharp Stabbing Heavy pressing Burning Tight		
Is it made brought on or made worse by physical exertion?	YES	NO
Is it relieved by rest or GTN within about 5 minutes?	YES	NO

Print Patient Name: Patient's signature: Date:

For staff to complete:

Patients Name:

Height (cm)	Weight (kg)	EGFR		
Cannula Size (please circle)	Blue <60kg	Pink 60-90kg	Green 91-110kg	Orange >111kg

Safety checks (See SOP for further information)	Initials of staff
Patient checklist reviewed	
Risk factors for contrast nephropathy/contrast reaction	
Risk factors for beta blocker (below)	
Risk factors for nitrate (below)	

Significant risk factors for beta blocker:

Asthma, verapamil, uncontrolled heart failure, valvular stenosis, primary pulmonary hypertension, untreated phaeochromocytoma.

Significant risk factors for nitrate:

Valvular stenosis, uncontrolled heart failure, primary pulmonary hypertension, systemic hypotension, phosphodiesterase inhibitor therapy (erectile dysfunction medication).

Medication and Observation Chart:

If blood pressure < 90/60 mmHg - consider no further medication

Baseline Heart Rate =

Blood Pressure =

Medication	Dose	Route	Batch & Expiry	Administered by (Name & Signature)	Time Given	Heart Rate	Blood Pressure

Contrast type and strength: Iomeron 400**Test bolus (If performed):****Diagnostic bolus:****Flow rate:**

On discharge: After IV metoprolol has been given the patient should stay in the department for 15 minutes or until obs return to baseline. If the patient is at increased risk of a contrast reaction this should be increased to 30 minutes.

Time	HR	BP	Symptoms (if any)	Signature of supervising member of staff: