



# Diagnostic Imaging Department CT REQUISITION

MRN: \_\_\_\_\_

Name: \_\_\_\_\_ M / F

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ Do we have consent to leave information pertaining to your appointment?  Yes  No

D.O.B \_\_\_\_\_ Health card # \_\_\_\_\_

**If the request is of an urgent nature requiring same day or next day imaging please call 905-338-4604 ext. 2310**

## APPOINTMENT

## HALTON HEALTHCARE HOSPITALS

Date: \_\_\_\_\_

Georgetown 1 Princess Anne Dr, ON L7G 2B8

Ph:905-873-4596 Fax: 905-873-4593

Time: \_\_\_\_\_

Milton 725 Bronte St. S ,ON L9T 9K1

Ph:905-876-7023 Fax:905-876-7003

Oakville 3001 Hospital Gate, ON L6M 0L8

Ph:905-338-4604 Fax:905-845-9921

### CT EXAM REQUESTED – Please be specific / specify levels

- Head
- Chest
- Renal Colic
- Spine (MRI recommended) (specify levels) \_\_\_\_\_
- CT Angio (specify vessels of interest) \_\_\_\_\_
- MSK/Soft Tissue (specify region of interest) \_\_\_\_\_
- Other \_\_\_\_\_
- Sinus
- Abdomen
- Kidneys Only
- Neck
- Pelvis

### Serum Creatinine is Not Routinely Required for the Following:

- CT Brain (Unless previous cancer)
- CT Sinuses
- CT Renal Colic
- CT Spine Or Extremities
- CT Chest (Except for Cancer Staging)

**Clinical Information:** Appropriate clinical information is necessary for correct selection of protocol and accurate interpretation of the requested study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Risks for Contrast Nephropathy (must be completed for IV Contrast studies)

	Yes	No
Renal Impairment (Surgery, transplant, solitary kidney, insufficiency)	<input type="checkbox"/>	<input type="checkbox"/>
Is patient seeing or waiting to see a kidney specialist or Urologist?	<input type="checkbox"/>	<input type="checkbox"/>

#### If YES to either of above questions, you must provide:

eGFR \_\_\_\_\_

Date of Blood Test: \_\_\_\_\_

**\*\*Must be within last 6 months**

### Relevant Previous Studies

- Halton Healthcare
- External \_\_\_\_\_

External reports must be included with requisition or booking delay will occur.

For **follow-up** of or for **comparison to previous** external studies, the patient must bring the outside images to their appointment or a delay in interpretation may result until previous images are obtained.

### ALLERGIES

	Yes	No
Allergy to CT or Angiographic contrast media	<input type="checkbox"/>	<input type="checkbox"/>

If yes, refer to back of requisition for premedication guidelines

Date: \_\_\_\_\_

Referring Medical Professional: \_\_\_\_\_

Copy of Report to: \_\_\_\_\_

Office Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Medical Professional Signature: \_\_\_\_\_

### Additional Requirements

	Yes	No
Interpreter	<input type="checkbox"/>	<input type="checkbox"/>
Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
Hoyer Lift	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate needs \_\_\_\_\_

**PLEASE NOTE TABLE WEIGHT LIMIT IS 220 KG**

## Guidelines for Screening and Prevention of Contrast Induced Nephropathy

**For Patients with One or More Risk Factors:** Please provide eGFR within the last 6 months.

For further information about contrast media (including contrast induced nephropathy and allergic reactions) please refer to: <https://www.acr.org/Clinical-Resources/Contrast-Manual>

### METFORMIN PROTOCOL

IF eGFR is  $\leq 30$  ml/min/1.73 m<sup>2</sup> or AKI, Metformin should be held at the time of, or prior to contrast injection and should not be restarted for 48 hours post CT contrast injection. It should only be reintroduced if kidney function remains stable (<25% increase compared with baseline creatinine) and the ongoing use of metformin has been re-assured by the patient's clinical team.

### HYDRATION PROTOCOL

If eGFR is  $\leq 30$  the suggested hydration protocol can be followed as per the judgement of the referring healthcare practitioner.

If eGFR is  $> 30$  no additional hydration is needed.

Hydration Protocol	IV normal saline 300 ml x 1 hours pre CT and normal saline 350 ml / hr 2 hrs post CT or 2-3 L of oral hydration prior to CT exam
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### CONTRAST MEDIA ALLERGY PRE-MEDICATION

SYMPTOMS		ELECTIVE PREMEDICATION PROTOCOL
<b>I. MILD</b> (self-limited without progression)	<input type="checkbox"/> Limited urticarial/pruritus <input type="checkbox"/> Limited cutaneous edema <input type="checkbox"/> Limited "itchy"/"scratchy" Throat <input type="checkbox"/> Nasal congestion <input type="checkbox"/> Sneezing/conjunctivitis/ rhinorrhea	NOT FORMALLY REQUIRED – but, as per patient preference diphenhydramine can be prescribed which may prevent prior mild reaction. Please note if used patient will require a driver.
<b>II. MODERATE</b> (more pronounced and commonly require medical management)	Diffuse urticarial/pruritis Diffuse erythema, stable vital signs Facial edema without Dyspnea Throat tightness or hoarseness without dyspnea Wheezing/bronchospasm, mild or no hypoxia Any treated mild reaction is considered moderate	50 mg Prednisone by mouth at 13 hours, 7 hours and 1 hour before contrast administration, AND  50 mg Diphenhydramine intravenously, intramuscularly, or by mouth 1 hour before medium administration
<b>III. SEVERE</b> (often life-threatening)	Diffuse edema, or facial edema with dyspnea Diffuse erythema with hypotension Laryngeal edema with stridor and/or hypoxia Wheezing/bronchospasm, significant hypoxia Anaphylactic shock (hypotension and tachycardia)	Other Modality or non-enhanced CT is recommended.  If CT with contrast is required then Radiologist consult is necessary.