

Patient details:  
 Name:.....  
 DOB:.....Weight.....

MRI IV CHECKLIST PRIOR TO ADMINISTRATION OF GADOLINIUM BASED CONTRAST MEDIA:			
Please answer the questions below: -	YES	NO	RADIOLOGY USE ONLY
Have you had a previous reaction to contrast media? (x-ray dye)			
Are you allergic to any medicines containing Gadolinium?			
Do you have any problems with your kidney function?			
Do you have any allergies? OR Hay fever / uticaria / asthma?			
Do you have epilepsy?			
Do you take any medicines to treat high blood pressure or angina?			
Have you had a liver transplant or on a waiting list to have one?			
Are you being treated for low potassium levels?			Primovist only
For females aged 11-55ys only: Are you / could you be pregnant?			
Females- are you breast feeding at present? To follow up on the information provided in the appointment letters: Although it has not been established that adverse events occur to nursing infants, caution should be exercised when intravascular contrast media used in MRI are administered to women who are breast feeding and consideration should be given to discontinuing nursing for 24hrs following administration of gadolinium contrast media.			

Patient: Print name.....  
 Signature ..... Date.....

**RADIOLOGY USE ONLY:**

**Renal function tests are required prior to the administration of GBCA for the following:**

1. High & medium risk GBCA (RCR Guidelines) - All patients
2. Low risk GBCA:
  - a) patients with known renal impairment and risk factors for renal impairment (identified by referrer on ICE)
  - b) all patients > 65yrs

**DO IN THIS ORDER**

Initials

1. Justified for IV
2. eGFR checked / eGFR:.....Date:.....
3. Last MRI scan & date:.....
5. Cannulation approved
6. ID checked by scanning radiographer

**5mls Sodium Chloride 0.9%** administered by: ..... Checked by: .....

**20mg buscopan IV** administered by:..... Checked by: .....  
 (delete if not required)

Scanning Radiographer's signature ..... Date.....

VENFLON:  
 18G/GREEN    20G/PINK    22G/BLUE

Inserted By.....

Time:.....

Chloraprep used:

Insertion Site: Left  Right

Anti Cubital Fossa  Hand  Wrist

Forearm  Attempts.....

Removed by.....