

(605) 696-8888 FAX (605) 696-8889

Yes or No

## CT Screen Form

<u>CT Bereen Torm</u>			
1. Does patient have a <b>Port-A-cath</b> ?	Yes	or	No
A eGFR lab value is required for patients undergoing a contrast enhanced CT and who fall value is risk' patient categories. The eGFR must be derived from a serum CRT level was service for outpatients.  a. Age 60 or over			
or			
b. Have, or are suspected of having any of the following conditions:			
<ul> <li>Diabetes</li> </ul>			
<ul><li>Renal Disease</li></ul>			
<ul> <li>Multiple Myeloma</li> </ul>			
Sickle Cell Anemia			
<ul><li>Dehydration</li><li>Diuretic use</li></ul>			
<ul><li>Diuretic use</li><li>Liver disease (cirrhosis, hepatitis)</li></ul>			
- Liver disease (cirriosis, nepatitis)			
<ul> <li>Has lab been drawn for IV contrast CT appointments on patient meeting the above criteria?</li> <li>If No, please include orders for labs</li> <li>If yes, please fax results along with order</li> </ul>	Yes	or	No
3. For Female patients 45 and under, is there any chance of pregnancy?  LMP HCG pregnancy test	Yes	or	No
4. Is the patient on <b>Metformin</b> (Glucophage)/product with Metformin?	Yes	or	No
Patients taking <b>Metformin</b> are classified into two categories based on the patient's renal function by eGFR.	on as r	neası	ıred
<ul> <li>a. eGFR 30 or &gt;= no risk. Patient may continue medication.</li> <li>b. eGFR &lt; 30 = patient must hold day of IV contrast and discontinue for 48 hours. Pati to follow-up with PCP to continue medication after renal functions have been reeval</li> </ul>			ucted
5. Weight			
6. Does the patient have a history of Asthma?	Yes	or	No
7. Is the patient Allergic to IV Contrast?	Yes	or	No
If either questions 6 or 7 were marked as a "Yes", then Pre-Medication needs to be ordered for the Patier	nt.		
■ 50 mg Prednisone P.O.13, 7, & 1 hour prior to injection			

-50 mg diphenhydramine (Benadryl) P.O. or I.M. 1 hour prior to injection

F-CT-14 9/20, 4/21, 2/22

8. Did the Pre-medication get ordered for the patient?