CT Screen Form

1. Does patient have a Port-A-cath?                         Yes or No
2. Age **60** or over                                     Yes or No
3. Have, or are suspected of having any of the following **conditions**? Yes or No
   - Diabetes
   - Renal Disease
   - Renal Cancer
   - Nephrectomy
   - Multiple Myeloma
   - Sickle Cell Anemia
   - Dehydration
   - Diuretic use
   - Liver disease (cirrhosis, hepatitis)

A eGFR lab value is required for patients undergoing a contrast enhanced CT and who fall within one of the following ‘at risk’ patient categories. The eGFR must be derived from a serum CRT level within 30 days of service for outpatients.

4. If either question 2 or 3 were marked “Yes”, then has lab been drawn for IV contrast CT appointments on patient meeting the above criteria?  
   - If No, please include Orders for labs  
   - If yes, please Fax results along with order  
   Recent Lab Drawn Date: ____________________

5. For Female patients 50 and under, is there any chance of pregnancy? Yes or No
   - LMP ____________________  
   - HCG pregnancy test _______________  
   - Hysterectomy__________________

6. Is the patient on **Metformin** (Glucophage)/product with Metformin? Yes or No

Patients taking **Metformin** are classified into two categories based on the patient’s renal function as measured by eGFR. Refer to question 4.
   a. eGFR 30 or > = no risk. Patient may continue medication.
   b. eGFR < 30 = patient must hold day of IV contrast and discontinue for 48 hours. Patient is instructed to follow-up with PCP to continue medication after renal functions have been reevaluated.

7. Is the patient Allergic to IV Contrast? Yes or No

If either question 6 or 7 were marked as a “Yes”, then Pre-Medication needs to be ordered for the Patient.
   - 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

8. Did the Pre-medication get ordered for the patient? Yes or No
9. Weight _____ lbs. _____kg.