



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
  - Sickle Cell Anemia
  - Renal Disease
  - Dehydration
  - Renal Cancer
  - Diuretic use
  - Nephrectomy
  - Liver disease (cirrhosis, hepatitis)
  - Multiple Myeloma

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? Yes or No
  - 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.

