

MRI GADOLINIUM CONTRAST INJECTION/PATIENT HISTORY QUESTIONNAIRE

Name: _____

Acct #: _____

MR #: _____

Reason your physician ordered this test? _____

What other tests have you had for this problem and have you had any other MRI scans at a different facility?

Any previous allergy to intravenous contrast (X-ray dye)? Yes ___ No ___

Have you had gadolinium contrast (dye) or X-ray contrast (dye) in the last 24 hours? Yes ___ No ___

Do you have a single kidney, had kidney surgery, or have a history of kidney cancer? Yes ___ No ___

Are you on dialysis? Yes ___ No ___

Have you had either a kidney or liver transplant? Yes ___ No ___

Do you have liver disease? Yes ___ No ___

Do you have high blood pressure treated with medication? Yes ___ No ___

Do you have diabetes (high blood sugar)? Yes ___ No ___

Do you currently have a serious injury to the kidneys (acute kidney injury)? Yes ___ No ___

*If yes consult radiologist before proceeding with injection.

Do you have a history of cancer? Yes ___ No ___

What type of cancer? _____ What type of treatment? (circle) Radiation Therapy / Chemotherapy

List previous surgeries: _____

FOR MRI TECHNOLOGIST USE ONLY

Creatinine _____ Date of Result _____ Weight _____ Age _____ GFR _____
(Creatinine results in the last 48 hrs for inpatient or within the past six (6) weeks for outpatients.)

_____ GFR value is equal to or above 40, proceed with injection.

_____ GFR value is below 40, notify physician or radiologist before proceeding and wait for instruction.

Contrast Type: **Omniscan** Dose = 0.2 ml/kg (0.1mmol/kg) for adults or pediatrics aged 2 - 16.
(Total dose given is not to exceed 20ml.)

Volume Given: _____ ml

Injection: Hand Injection/Pressure Injection Rate: 2.0 ml/sec 2.5 ml/sec 3.0 ml/sec Site: _____

Technologist Signature: _____

PATIENT DISCLOSURE FOR USE OF GADOLINIUM

Your doctor has determined that a Magnetic Resonance Imaging (MRI) or Magnetic Resonance Angiogram (MRA) with intravenous contrast is needed to help evaluate a medical condition. The contrast agent (gadolinium) helps find abnormalities.

Risks of gadolinium contrast:

- Allergic reaction, with 0.01 - 0.001% chance that this will be severe.
- Metallic taste in the mouth; coldness, warmth, or pain at the injection site; nausea with or without vomiting; headache; tingling; and dizziness in less than 2.5% of people.
- Insertion of the needle (IV) may also cause minor pain, bruising and/or infection at the injection site.
- NSF/NSD: The Food and Drug Administration (FDA) has issued an advisory concerning a rare disease called Nephrogenic Systemic Fibrosis (NSF) or Nephrogenic Fibrosing Dermopathy (NFD) that is linked with the use of gadolinium based contrast agents in patients with acute kidney injury or severe kidney disease or in patients with any kidney disease associated with liver failure or recent liver transplantation. If you are on dialysis, you will need to discuss your risk of NSF with your nephrologist (kidney) doctor and an additional dialysis session may be required. It can cause permanent disability and death.

Alternatives:

The MRI can be performed without IV contrast. In some cases, a different radiology test may be performed instead.

Your signature below indicates that you have read and understand this page and the risks described above, including the risk of the rare fibrosing condition NSF/NFD and agree to have an MRI and/or MRA with IV gadolinium contrast.

I acknowledge that I have had the opportunity to ask questions and acknowledge that my questions have been answered.

Signature of Patient: _____ Date: _____
Patient (or legally authorized representative)

*** When GFR is less than 40, the patient disclosure for gadolinium contrast injection is obtained by radiologist:**

Signature of Radiologist: _____ Date: _____