

Height _____ Weight _____

Prev Exam Y/N _____ Date _____

Radiographer's Signature _____

Forename	
Surname	
DoB	
CRN	
Address	
Date	

Cardiac CT Medication Checklist:

Question	Yes	No	Comments
Do you have any allergies?			
Have you ever had a Contrast Reaction?			
Do you have Asthma?			
Are you currently wheezy, using inhalers or nebulisers?			
Do you have diabetes?			
Do you have myeloma?			
Do you have kidney failure?			
Do you have heart disease...			
Heart Failure			
Heart Valve problems (Aortic or Mitral stenosis)			
Peripheral Vascular Disease			Relative contra-indication only
Hypertrophic Cardiomyopathy (HOCM)			
Pacemaker			
Do you take the following drugs...			<u>Please List Other Medication</u>
(Males): Sildenafil, Tadalafil or Vardenafil			
Verapamil or Diltiazem			
Beta-blockers			
Metformin (Glucophage)			
Radiographer/Clinician			
Observations Satisfactory?			
If β-blocker being given: 2°/3° Heart block?			

Checklist Staff: Print _____ Sign _____ Grade _____ GMC/NMC/HPC _____

Consent to CT Scan for Women of Child-Bearing Age:

Possibility of pregnancy? Yes / No Date of LMP _____ Reason for absence of period? _____

"I am aware that exposure to radiation in the early stage of pregnancy could potentially harm a baby born of that pregnancy and consent to the examination being performed today"

Patient Signature: _____ Radiographer: _____ Date _____

Patient Consent to share CT Scan with Heartflow Inc (USA) for advanced analysis:

'I authorise sharing of my CT scan (which includes my name, date of birth and CT images) for advanced cardiac CT analysis with our third party provider, Heartflow Inc. Heartflow assures that all person identifiable information will remain within the EU whilst de-identified image data will be analysed in the USA'

Patient signature: _____ Date: _____

'I **do not** authorise sharing of my CT scan data with third party providers.'

Patient signature: _____ Date: _____

Examination Details	
Start _____	
End _____	
DLP _____	

Forename	
Surname	
DoB	
CRN	
Address	
Date	

Contrast Used		Volume used	
Hand/Injector		Lot No	
Prepped by			
Injector Cross-checked by		Expiry Date	
Site of injection		Radiologist	
Needle size/type		Scanning Radiographer	
Cannulating Radiographer		Checked/Flushed by	
Cannula removed by		Inflammation?	Y /N
Site checked by		Extravasation?	Y /N

Prescription Record

Date	Drug	Route	Dose	Prescriber	Administered by	Time
	Metoprolol	IV	mg			:
	GTN	SL	800 micrograms			:
						:
						:

Observations

Time	Heart Rate	Blood Pressure	SpO ₂ (circle air/O ₂)	Respiratory Rate
:		/ mmHg	% on air /O ₂	
:		/ mmHg	% on air /O ₂	
:		/ mmHg	% on air /O ₂	
:		/ mmHg	% on air /O ₂	
:		/ mmHg	% on air /O ₂	
:		/ mmHg	% on air /O ₂	