



RISK ASSESSMENT FORM FOR CONTRAST INJECTION (CESM)

Patient Name: _____ DOB: _____

Date: _____

To assist in selecting the appropriate contrast media, the questions below should be used as a guideline in every interview and/or chart review.

Risk Factors:

1. Previous severe reaction: Yes No
2. Previous mild contrast reaction (except nausea/vomiting, heat/flushing/pain) Yes No
3. Pretreatment for current study. Yes No
4. History of asthma and no pretreatment for current study: Yes No
5. History of systemic, allergic reactions to multiple agents and no pretreatment for current exam. Yes No
6. Significant cardiac dysfunction; e.g.
 - w/unstable angina (angina at rest or upon mild exertion): Yes No
 - w/severe congestive failure (dyspnea at rest or upon mild exertion): Yes No
 - w/severe, uncontrolled arrhythmias: Yes No
 - recent (within 1 week) myocardial infarction: Yes No
 - with shock (BP < 100 mm Hg, pallor, tachycardia): Yes No
 - w/pulmonary hypertension: Yes No
7. Severe renal dysfunction (creatinine > 2.5 mg/dl): Yes No
8. Diabetes and serum creatinine > 1.4 mg/dl: Yes No
9. Diabetes and on Metformin: Yes No
 - *Metformin must be held for 48 hours following the exam**
10. Sickle cell disease: Yes No
11. Are you pregnant or nursing an infant? Yes No
12. Have you eaten or drank in the last 4 hours? Yes No