



Diagnostic Imaging
COMPUTED TOMOGRAPHY (CT)
CONSULTATION REQUEST

Guidelines: Regional Inpatient? Yes No

- Healthcare Provider to complete requisition. Incomplete requisitions will be returned.
- Fax requisitions including Regional referrals to Diagnostic Imaging Central Intake 1-855-978-1862
- If there is relevant prior imaging from outside facilities, please provide reports with requisition.

Is the patient hearing impaired? Yes No
Does patient require an interpreter? Yes No

CT Exam Requested – Please be specific / specify levels

- Thorax Head Cervical Spine _____
 Abdomen Sinus Thoracic Spine _____
 Pelvis Neck Lumbar Spine _____
 Renal Colic CT Angio _____
 Other _____
 CT Biopsy/Drainage
INR _____ Hemoglobin _____ Date Obtained _____
PTT _____ Platelets _____

Clinical Information

 Cancer Staging and/or Diagnosis
 Other

Relevant Previous Treatments/Studies	Date	Where
<input type="checkbox"/> Previous Chemotherapy	_____	_____
<input type="checkbox"/> Previous Radiotherapy	_____	_____
<input type="checkbox"/> MRI (Magnetic Resonance Imaging)	_____	_____
<input type="checkbox"/> CT (Computed Tomography)	_____	_____
<input type="checkbox"/> Ultrasound	_____	_____
<input type="checkbox"/> X-Ray	_____	_____
<input type="checkbox"/> Nuclear Medicine	_____	_____
<input type="checkbox"/> Angiography	_____	_____

Priority (P) Assessment	Radiologist Use Only
<input type="checkbox"/> 1 -Immediate - Emergent	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4
<input type="checkbox"/> 2 -Within 48 Hours-Inpatient/Urgent	
<input type="checkbox"/> 3 -Within 10 Days - Semi-Urgent	
<input type="checkbox"/> 4 -Within 4 Weeks - Non-Urgent	
<input type="checkbox"/> Greater than 4 Weeks - Date _____	

Healthcare Provider _____

Referring Site or Clinic _____

Copy Report to _____

Healthcare Provider's Signature * _____

Date _____

Patient Name: _____
D.O.B. (YYYY-MM-DD): _____
Address: _____
City/Town, Prov: _____
Postal Code: _____ Tel: _____
Health Card #: _____ Version: _____
Place Patient Label with Barcode HerePlace

Patient Name _____
Last Name _____ First Name _____
Date of Birth _____ Sex Male Female
Day/Month/Year _____
Health Card _____ Version Code _____
Address _____
City _____ Postal Code _____
Telephone Home (_____) _____
Business (_____) _____ Cell (_____) _____
 Workplace Safety Insurance Board Claim Number _____
 Other Insurance Claim Number _____

Guidance screening:

Kidney problems or transplant? Yes No

Waiting to see a kidney specialist or urologist? Yes No

If yes to the above, an eGFR evaluation must be performed prior to iodinated contrast exam.

eGFR (estimated Glomerular Filtration Rate) _____

Date of blood test _____
(Please specify if pending)

Is patient on dialysis? Yes No

(See Thunder Bay Regional Health Sciences Centre Guidelines on reverse side for Screening and Prevention of Contrast Nephropathy).

Allergies

Allergy to IV contrast media containing iodine? Yes No
• Will patient be pre-medicated? Yes No

Allergy to medications? Yes No
• Please list _____

Other severe allergies _____
(See protocol on reverse side).

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

GUIDELINES FOR SCREENING AND PREVENTION OF CONTRAST INDUCED NEPHROPATHY

(Adapted from the 2022 Canadian Association of Radiologists - Webpage: <http://www.car.ca>)

CONTRAST INDUCED NEPHROPATHY (CIN) is an acute deterioration of renal function that occurs 24 to 48 hours following injection of iodinated contrast media for CT scans, angiograms and venograms. The most important risk factor is pre-existing renal impairment, particularly Diabetic Nephropathy.

FOR PATIENTS WITH 1 OR MORE RISK FACTORS for impaired renal function, an eGFR (estimated Glomerular Filtration Rate) will be required within three (3) months prior to an intravenous contrast CT examination. For inpatients, the eGFR must be acquired within **7 days**. In emergent situations, eGFR may be waived – proceed with intravascular volume expansion.

ALL PATIENTS with eGFR >30 ml/min/1.73 m ²	PATIENTS with eGFR less than 30 ml/min/1.73 m ²
Proceed with indicated contrast imaging study	Individual patient decision to explain and balance the risks of CA-AKI against the risks and uncertainties or delayed or suboptimal imaging. There is a lack of evidence on benefit of volume expansion; institutions may choose practices best suited to their local environments.
Hold nephrotoxic drugs 48 hours prior to contrast when possible. (Nephrotoxic Drugs include: loop diuretics, amphotericin B, aminoglycosides, vancomycin, non-steroidal anti-inflammatory drugs, cancer and immune suppressant chemotherapy) Vascular disease: hypertension, congestive heart disease, cardiac or peripheral vascular disease Collagen Vascular Disease: a heterogeneous group of autoimmune disorders of unknown etiology. They include systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), progressive systemic sclerosis (PSS), scleroderma (SD), dermatomyositis (DM)/polymyositis (PM), ankylosing spondylitis (AS), Sjögren syndrome (SS), and mixed connective-tissue disease (MCTD).	
Hold diuretics especially Furosemide at least 24 hours prior to contrast, when possible.	
Do not recommend restricting medically indicated repeat contrast doses in lower risk patients (eGFR >30, no AKI, IV route)	

EVALUATION OF FOLLOW-UP RENAL FUNCTION TESTS IS THE RESPONSIBILITY OF THE ORDERING PHYSICIAN.

METFORMIN PROTOCOL:

Patients with eGFR ≤ 30 mL/min/1.73 m² or AKI, metformin should be held at the time of, or prior to, ICM administration, and should not be restarted for at least 48 hours and only then if kidney function remains stable (<25% increase compared with baseline creatinine) and the ongoing use of metformin has been re-assessed by the patient's clinical team.

CONTRAST MEDIA ALLERGY PREMEDICATION (See Guidelines: <http://www.car.ca>)

- Prednisone 50 milligrams orally, thirteen (13), seven (7) and one (1) hour prior to study
- Diphenhydramine (Benadryl) 50 milligrams orally one (1) hour prior to study

BREASTFEEDING PATIENTS

It is recommended that patients who have had an injection of contrast media should stop breastfeeding for 24 hours after their CT scan. Patients should pump and discard breast milk during these 24 hours. Patients should consider pumping and saving breast milk prior to the scan.

Abbreviation Legend: **INR** – International Normalized Ratio **PTT** – Partial Thromboplastin Time **ml** – milliliter **min** – minute
m² – metre squared **kg** – kilogram **h** – hour **meq** – milliequivalent
CA-AKI – Contrast Associated Acute Kidney Injury