



COMPUTED TOMOGRAPHY (CT)

CONSULTATION REQUEST

- Guidelines:** Regional Inpatient? Yes No
- Healthcare Provider to complete requisition. Incomplete requisitions will be returned.
 - Fax requisitions to Diagnostic Imaging Central Intake: **1-855-461-3493**
 - 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
 Mobility Needs? Yes No

CT Exam Requested – Please be specific / specify levels

Thorax Head Cervical Spine _____

Abdomen Sinus Thoracic Spine _____

Pelvis Neck Lumbar Spine _____

Renal Colic Facial

CT Angio _____

Other _____

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

P1 -Immediate - Emergent

P2 -Within 48 Hours-Inpatient/Urgent

P3 -Within 10 Days - Semi-Urgent

P4 -Within 4 Weeks - Non-Urgent

Greater than 4 Weeks – Specify 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: _____

Telephone: () _____

Alternate: () _____

CENTRAL INTAKE (FOR P2-P4 PRIORITY)

Is the patient willing to travel for the shortest wait time?
 Yes No

Which site is the patient willing to have their appointment at?

Dryden Regional Health Centre

Fort Frances Riverside Healthcare

Kenora Lake of the Woods District Hospital

Sioux Lookout Meno Ya Win Health Centre

Thunder Bay Regional Health Sciences Centre

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 reverse side for Guidelines on Contrast Associated Acute Kidney Injury)

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 ON CONTRAST ASSOCIATED ACUTE KIDNEY INJURY

(Adapted from the 2022 Canadian Association of Radiologists - Webpage: <https://car.ca/patient-care/practice-guidelines> and 2023 American College of Radiology – Webpage: <https://www.acr.org/Clinical-Resources/Contrast-Manual>)

CONTRAST ASSOCIATED ACUTE KIDNEY INJURY (CA-AKI) is defined as an increase in creatinine >26 µmol/L (or 50%) in 48 hours, following an IV contrast procedure. The most important predictors of CA-AKI are the presence of CKD, or AKI from other causes.

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.

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: <https://www.acr.org/Clinical-Resources/Contrast-Manual>)

- 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

Because of the very small percentage of iodinated contrast medium that is excreted into the breast milk and absorbed by the infant’s gut, we believe that the available data suggest that it is safe for the mother and infant to continue breast-feeding after receiving such an agent. Ultimately, an informed decision to temporarily stop breast-feeding should be left up to the mother after these facts are communicated. If the mother remains concerned about any potential ill effects to the infant, she may abstain from breast-feeding from the time of contrast administration for a period of 12 to 24 hours. There is no value to stop breast-feeding beyond 24 hours. The mother should be told to express and discard breast milk from both breasts during that period. In anticipation of this, she may wish to use a breast pump to obtain milk before the contrast-enhanced study to feed the infant during the 24-hour period following the examination.

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			