

Medical Record No.:  
Name:  
Birthday(yyyy/mm/dd):

國立臺灣大學醫學院附設醫院  
National Taiwan University Hospital  
**CT (Computed Tomography) Scan  
Instruction and Consent Form**

Please read the information thoroughly, await the physician's explanation, and then sign the consent form.

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No. 231

**CT Scan Instruction Form**

**Indications:**

Patients who are advised to receive an imaging exam based on the clinician's evaluation

**※ General instructions:**

1. Please arrive on time for the appointment and wait for your number to be called. Preparation varies, depending on the area to be scanned. Inpatients and ER patients will have priority.
2. Please bring the appointment reminder form, exam consent form, ID card, and Taiwan National Health Insurance Card on the appointment day.
3. If you have any questions, please contact the exam room during office hours (East campus: 2356-2301; West campus: 2356-2636).

**※ Special instructions:**

1. If you need to receive contrast media injection, no food or drink for at least four hours before the exam. However, you may take your regular medication (e.g. medication for hypertension and heart disease, but not diabetic medication). Diabetic patients can have candy or chocolates to prevent low blood sugar.
2. On the day of the exam, please wear clothing with no metal closures such as sportswear.
3. X-rays are used during this procedure. It is therefore of crucial importance to be sure that the patient is not pregnant. Patients who are weak or are required to receive a contrast injection must be accompanied by a family member.
4. Results will be available 7 days after the exam and should be discussed with your doctor during the prescheduled follow-up appointment or an appointment to be obtained.
5. Patients planning on undergoing a contrast agent injection **must present serum creatinine(Cre) level obtained within three months**. Please complete a blood test within the three-month period prior to the injection. On the day of the examination, patients who were unable to undergo the blood test at our hospital may bring an official report of their serum Cre issued by other hospitals or medical laboratories to serve as a reference. If a physician has determined that a hospitalized patient or a patient undergoing emergent treatments is experiencing short-term or acute changes in renal function, it is highly recommended that his or her serum Cre level is rechecked within the three days prior to the CT scan.
6. Patients planning on undergoing a contrast agent injection must notify the attending physician and staff performing the CT scan examination if they have one or more of the following conditions: renal dysfunction, hyperthyroidism, pheochromocytoma, myasthenia gravis, and allergy drugs and contrast agents.

**Benefits:**

To provide the clinical physician with advanced information for further evaluation. When the patient is able to cooperate, the failure rate is lower than 1%. Variations in such rates may occur based on examination site and method.

**Risks:**

The contrast agent may cause some side effects (for most patients, the contrast agent will be injected to improve the visibility of the internal body structure).

1. Some patients may experience a warm sensation, nausea, vomiting, dizziness, or sneezing during the injection of the contrast agent. These symptoms usually subside within a short time. Patients with allergies may experience symptoms such as dermatitis, hives, and chills. Severe allergic

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reactions include laryngeal edema, asthmatic attacks, low blood pressure, cardiopulmonary arrest, and sudden death (incidence rate of one per hundred thousand). The degree of adverse reaction may vary among individuals receiving contrast agent injection. Inform the physician of any allergies including drug allergies and your reaction to them.

2. Some patients may experience vein swelling. Please do not apply hot pack on it. If you feel unwell, please return to the CT room or go to the ER immediately.
3. Patients with hyperthyroidism, pheochromocytoma, or myasthenia gravis may experience exacerbated symptoms following a contrast agent injection. Please inform the physician beforehand and take the relevant precautions when necessary.
4. Patients with **renal dysfunction** with Cre levels around or equal to 2.0mg/dL but are not on dialysis and not subjected to fluid restriction, are recommended to maintain a hydration protocol with water (100 mL/hour) 12 hours before and after the CT scan. **For patients with a Cre level greater the 2.0mg/dL**, a contrast agent injection will increase the risk of short-term or lifelong dialysis.
5. To prevent contrast agent induced nephropathy, we suggest that patients with kidney dysfunction stop taking Metformin for 48 hours before the CT scan; resume medication when proper kidney function is verified 48 hours after the scan. Patients are advised to discuss if they should stop taking the medication or not with their doctors.
6. For approximately 0.7% of patients, the contrast agent may leak to the subcutaneous tissue or muscles. This may cause redness, swelling, or pain in the area of injection. Subcutaneous pain and swelling will typically subside in a few days. For some patients, inflammation, ulcer, or local nerve compression may occur; please inform your physician immediately. Hospitalization for surgical interventions such as skin grafting may be needed. Increased risk of contrast agent extravasation is associated with altered level of consciousness, irritable state, skin edema, and poor venous access.
7. If you have plans to undergo a thyroid scan involving a radioisotope, please avoid injecting and iodinated contrast agent within the two-month period prior to the scan so as not to reduce treatment effects. Nursing mothers may continue to breastfeed after receiving an injection of an iodinated medium compound.

※Potential adverse effects of ionizing radiation exposure are generally stochastic. To obtain a booklet [for further information] on this, please contact our medical staff (KM system/Knowledge center/Medical support units/Department of Medical Imaging/Instruction and consent forms/FAQs on CT scan.doc)

### Alternatives:

Please discuss with your physician if you would like to receive alternative imaging exams such as ultrasound, MRI, or PET.

We can provide a non-ionic contrast agent that has fewer adverse reactions. Since Feb. 1, 2011, the Taiwan National Health Insurance has cancelled the limitation that prevented use of a non-ionic contrast agent. The fee, except for elected self-pay exams, is covered by the Taiwan National Health Insurance plan for eligible patients.

**Supplemental instructions from the physician/patient's questions and physician's explanation:** (If none, please write "none")

Signature of the Physician: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Time: \_\_\_\_/\_\_\_\_

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**CT Scan Consent Form**

I, (the patient) \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY), due to \_\_\_\_\_ require a CT Scan. I have discussed the benefits, risks,  
and alternative treatment options of the proposed exam with the physician. I fully understand all the  
instructions and explanations from the physician and hereby give consent to the treatment.

Signature of the consenting party: \_\_\_\_\_

I.D. No.: \_\_\_\_\_ Phone number : \_\_\_\_\_

Relation to the patient: self, spouse, guardians, son, daughter, or others : \_\_\_\_\_

Address : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Time: \_\_\_\_/\_\_\_\_

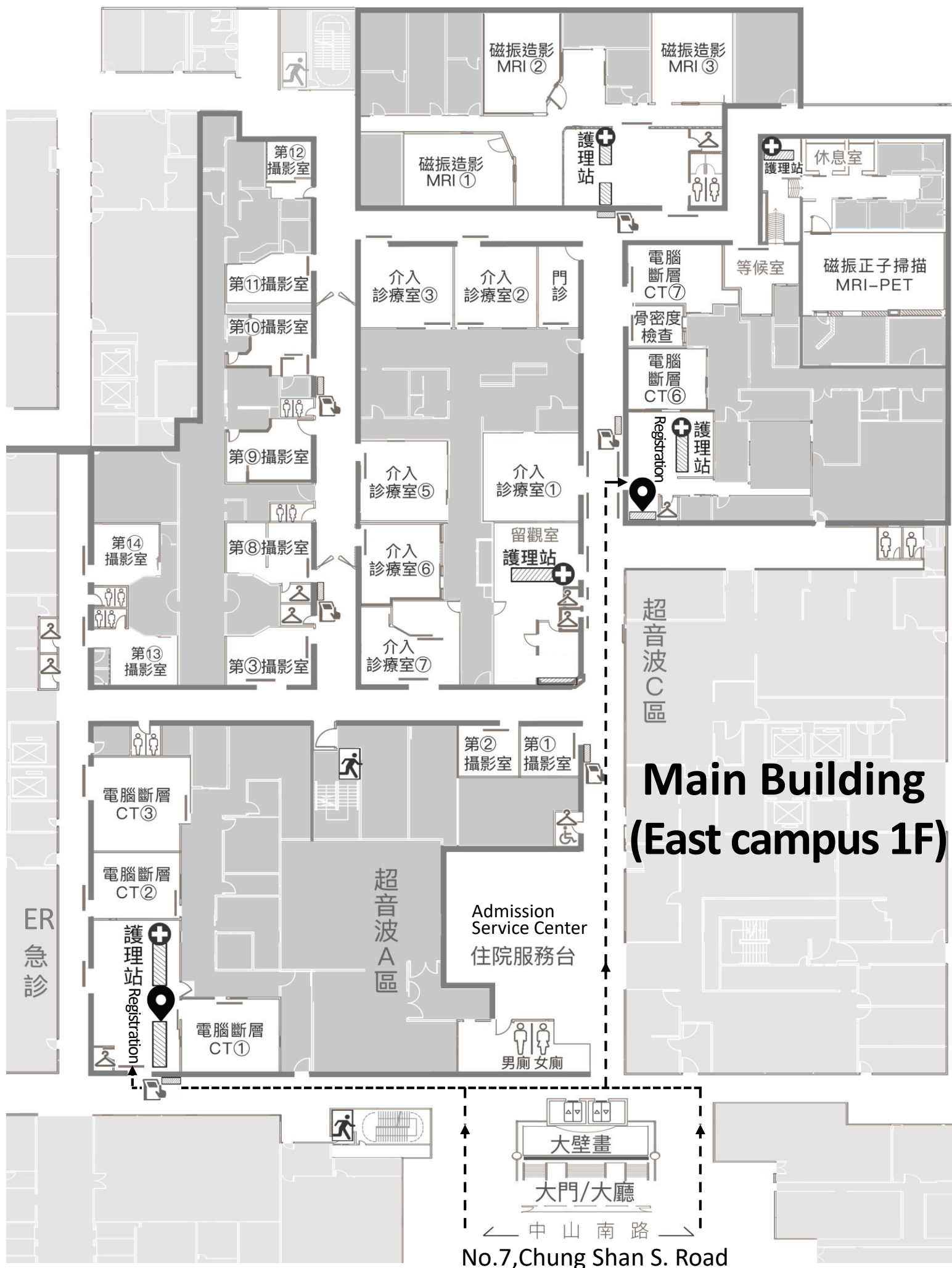
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(1) In case that the patient, his/her relative, or interested party signs the consent form, there is no witness needed. (2) In case that the patient is conscious but unable to sign the consent form and no relative or interested party is present, the patient's signature may be replaced by fingerprint and two witnesses are required. (3) In case that the patient is not clearly conscious and no relative or interested party is present, under emergent condition and two qualified physicians confirmed and documented on the medical record about the emergency, then emergent examination or treatment may be performed.

Witness1 : \_\_\_\_\_ Witness2: \_\_\_\_\_

ID No.: \_\_\_\_\_ ID No.: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Time: \_\_\_\_/\_\_\_\_

# CT (Computed Tomography) Scan Exam



## CT (Computed Tomography) Scan Exam

✂ Please report to the registration



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