



Sistema Sanitario Regione Lombardia

# CENTRO DI RADIOLOGIA E FISIOTERAPIA S.R.L.

Accreditato A.T.S.

Via Roma, 28 - 24020 Gorle (BG)

Cod.Fisc. 01509260160

Gruppo IVA Maredo - P. IVA 04786280166

Cap. Soc. € 500.000,00 i.v. - REA di Bergamo n. 212289

Tel. 035/290636 - 035/4236140 - Fax 035/290358

www.centroradiofisio.it - info@centroradiofisio.it

Direttore Sanitario: Dott. R. Suardi



(to be completed by the prescriber, ticking where necessary. Please answer all questions indicated)

Mr/Mrs. \_\_\_\_\_ has the need to be subjected to \_\_\_\_\_ for the following indications \_\_\_\_\_

The patient is pregnant (positive or probable) or breastfeeding

Suffer from:

Waldenström macroglobulinemia

Liver failure

Moderate/severe renal failure

Multiple myeloma

States of severe myocardial infarction or cardiovascular insufficiency

Hyperhidrosis

Diabetes treatment metformin

Iodine allergy

Ongoing oral anticoagulant therapy

<input type="checkbox"/> Previous anaphylactic reactions <input type="checkbox"/> Bronchial asthma <input type="checkbox"/> Adverse drug reaction <input type="checkbox"/> Respiratory allergy	<p><i>If so, it is proposed to apply the desensitisation procedure as outlined overleaf.</i></p>
<p>yes    no</p> <input type="checkbox"/> <input type="checkbox"/> <b>Allergic diathesis</b>	<p><b>IF YES, SEND THE PATIENT TO THE HEALTH CARE CENTER WHICH WILL PERFORM THE INVESTIGATION</b></p>

The patient must present themselves on the day of the examination with recent results (maximum 30 days prior to the date of the examination) of

- Creatinemia
- Glycemia

Date \_\_\_\_\_

Doctor stamp and signature \_\_\_\_\_

**NB** CT scans of the thorax and abdomen should be performed at least 7 days after other contrast investigations have been carried out (X-ray studies of the digestive system, urographies, interventional procedures, etc.) and at least 2 days after endoscopic investigations have been performed.

- Abundant hydration (at least 1.5 litres of water) the day before the examination.
- Fasting from solid food and liquids for at least 6 hours before the examination.
- Take your usual home therapy according to your general practitioner's instructions, with the exception of Metformin, which must be suspended in the two days preceding the examination.

Presupposition: no preparation can eliminate the risk of the main allergic reactions. If the reactions were previously severe (anaphylaxis, severe laryngospasm), prefer alternative diagnostic procedures neither use contrast medium (CM). Neither personal nor family anamnesis of atopy doesn't represent a higher risk.

Individuals at risk are patients like:

- Newborn babies, elders and dehydrated ones.
- Heart patients, diabetics, individuals with severe renal or liver impairment, with metabolic or blood diseases, or individuals with previous reactions to CM (risk of 15-33%)  
(extract from the Italian Society of Clinical Allergology's recommendations)

### DESENSITIZING PREPARATION IN ADULTS

- Two days before the examination:  
**10 PM: Atarax** 1 tablet
- The day before the examination:  
**6 PM: Prednisone** (or strong dexamethasone) 2 tablets of 25 mg  
**10 PM: Mepral (i.e. Omeprazole)** 2 tablets of 20 mg  
**Atarax** 1 tablet  
**11 PM: Prednisone** (or strong dexamethasone) 2 tablets of 25 mg
- The day of the examination:  
*if carried out in the morning:*  
**one hour before the examination: Prednisone** (or strong dexamethasone) 2 tablets of 25 mg  
**10 PM: Atarax** 1 tablet  
**Mepral (i.e. Omeprazole)** 2 tablets of 20 mg  
  
*If carried out in the afternoon:*  
**9 AM: Prednisone** (or strong dexamethasone) 2 tablets of 25 mg  
**one hour before the examination: Prednisone** (or strong dexamethasone) 2 tablets of 25 mg  
**10 PM: Atarax** 1 tablet  
**Mepral (i.e. Omeprazole)** 2 tablets of 20 mg

### NB

- Stop taking beta blockers and ACE inhibitors (they can worsen hypotension and make their treatment ineffective)

It is reminded that **the patient will need to be accompanied by someone able to drive**, or a person of age in charge, as the medications given during the examinations may compromise the ability of driving in the hours following the examination.

The suggested examination involves the exposure to ionizing radiations (X-rays) and the intravenous administration of contrast medium. The **ionizing radiations** can be found in the environment that we live in (sun rays, radiations emitted by the ground, etc.) and, if absorbed in high doses, can damage internal organs, especially in case of pregnant or potentially child-bearing women. The dosage used in X-ray exams are kept very low accordingly with the possibility of getting a reliable diagnosis. The benefits of an early diagnosis are usually more than the damages caused by the radiations. Every time You undergo a radiological investigation, please remind the physician how many and what type of examinations you have been previously submitted to.

The contrast medium injected in the blood circuit is an iodine-based substance which makes internal organs visible for the radiological examination. The administration of these substances may cause usually mild and short-term side-effects (itch, welts, feeling hot).

However, it is possible, though rare and unpredictable, for more severe disorders to show (decreasing blood pressure, breathing difficulties) which might endanger the patient's life only in exceptional circumstances.

The physician performing the examination can ensure you timely and appropriate treatments.

In view of the above, I **declare** that I am not pregnant, that I have been adequately informed and, considering its diagnostic usefulness, I consent to undergo the required CM examination.

Date \_\_\_\_\_ Patient's signature \_\_\_\_\_

I declare that I have informed the patient who, in my opinion, has understood all the above.

Radiologist's signature \_\_\_\_\_ Child's parent or guardian's Signature \_\_\_\_\_

### DECLARATION OF DENIAL

I, the undersigned, **declare** that I have been adequately informed about my health conditions and the purposes and methods of execution of the mentioned diagnostic examination, as well as the risk which I am taking by abstaining from it; however, **I decide to not undergo it.**

Date \_\_\_\_\_ Patient's signature \_\_\_\_\_

Child's parent or guardian's Signature \_\_\_\_\_