

CT Proctogram / CT Rectal Contrast – Check List

	eGfr:	ID Checked by:	Weight	
	Buscopan : Given By: Checked By:	Contrast Given By:	Checked For Perforation By:	Tube Inserted By:

Pre Scan Checklist			Comments		
Explain procedure to patient	Y	N			
Advise Patient on Radiation Risk	Y	N			
Cautions to IV Contrast – Only if applicable					
Asthma	Y	N			
Hayfever	Y	N			
Any Allergies	Y	N			
Previous Reaction to Contrast Media	Y	N			
Is patient taking metformin	Y	N			
Cautions to IV Buscopan:					
Tachycardia – e.g. BPN > 100	Y	N			
Angina	Y	N			
MI or Heart Surgery in last 3 months	Y	N	Complete Contraindication for Buscopan		
Paralytic Ileus	Y	N			
Toxic Megacolon	Y	N			
Myasthenia Gravis	Y	N			
Problems passing water (Male Patients)	Y	N	If Yes - Check patient passes water before leaving.	Y	N
Previous reaction to Buscopan	Y	N			
Additional Information					
Advised to seek medical advice if they develop painful or red eyes.	Y	N			
Advise to drink plenty of fluid.	Y	N			
Further Comments					

IF BP and pulse are taken please record below						
Time Taken						
BP						
Pulse						

CT Proctogram – Consent Form V11

Patient Demographics



1. Proposed Procedure

CT Proctogram: A CT Proctogram is an examination of the large bowel involving insertion of a small catheter into the rectum and introduction of gastrografen into the bowel. An injection of Buscopan and /or contrast agent may also be given depending on individual factors

2. Statement of Health professional (CTC radiographer or Consultant radiographer)

I have fully explained the procedure to the patient, specifically the benefits of the examination and the risks of the procedure.

I am assured that the person giving consent has capacity to undertake this decision

☐

Signed

Print Name

Job Title

Date

3. Statement of Patient

I confirm I understand the procedure I am having.

I confirm that I have had the risks and benefits of the procedure explained to me and that I agree to undergo CT Proctogram, performed by a suitable experienced member of the team.

Signed

Print Name

Date.....

4. A witness should sign below if the patient is unable to sign but has indicated his or her consent

Signed

Print Name

Date.....

5. If an interpreter is needed they need to sign the statement below.

I have interpreted the information below to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed

Print Name

Job title.....

Date.....

Photocopy accepted by patient:

Yes

/

No

(Please circle)