

## CT Colonography – Check List

	eGfr:	ID Checked by:	Weight:	
	<b>Buscopan :</b>  <b>Given By:</b>  <b>Checked By:</b>	Contrast Given By:	Checked For Perforation By:	Tube Inserted By:

Pre Scan Checklist			Comments			
Explain procedure to patient <sup>1</sup>	Y	N				
Explain further CT Views and/or Contrast	Y	N				
Advise Patient on Radiation Risk	Y	N				
Has patient taken bowel prep?	Y	N	Stools:	Solid	Liquid	Clear
Previous Bowel Surgery	Y	N				
Abdominal Hernia	Y	N				
<b>Cautions to IV Contrast</b>						
Asthma	Y	N				
Hayfever	Y	N				
Any Allergies	Y	N				
Previous Reaction to Contrast Media	Y	N				
Is patient taking metformin	Y	N				
<b>Cautions to IV Buscopan:</b>						
Tachycardia – e.g. BPN > 100	Y	N				
Angina	Y	N				
MI or Heart Surgery in last 3 months	Y	N	<b>Complete Contraindication for Buscopan</b>			
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				
<b>Additional Information</b>						
Advised to seek medical advice if they develop painful or red eyes.	Y	N				
Explain the risk of perforation, bloating and mild discomfort.	Y	N				
Advised to drink plenty of fluid.	Y	N				
<b>Further Comments</b>						

<b>IF BP and pulse are taken please record below</b>						
Time Taken						
BP						
Pulse						

# CT Colonography – Consent Form V10

Patient Demographics



## 1. Proposed Procedure

CT Colonography: A CT Colonography is an examination of the large bowel involving insertion of a small catheter into the rectum and introduction of carbon dioxide 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 in relation to the colon and the extra colonic information gathered. The risks of the procedure, specifically the common symptoms of bloating and mild discomfort, the less common symptoms of pain and faint like reactions and the potential risks of ionising radiation exposure and extravasation of IV Contrast. I have also explained the very small risk (1 in 3000) of a tear in the bowel lining with, to date, no known causes of death.

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 have received and read the information leaflet (PIL3306)

I confirm that I have had the risks and benefits of the procedure explained to me and that I agree to undergo CT Colonography, 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)