

CT Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ Age: _____

Indication/Symptoms: _____ asymptomatic poor historian
 _____ diabetes renal failure
 _____ smoking hx liver disease
 _____ cancer history appendectomy
 acute right upper anterior
 pain/symptom chronic left lower posterior cholecystectomy wt loss surgery
 (circle at least one) intermittent bilateral diffuse mid sternal bowel resection lung resection

Pertinent PMH/PSH/Cancer: _____

Pregnancy Screen: Neg Pos Post Meno Hyst / Tubal Not Sexually Active w/ Male Male Pt
 LMP: I, the above listed patient, attest that I am not potentially pregnant:

IV Contrast Screen:
 Prior IV CT Contrast? No Yes Shellfish and topical iodine allergies **are not** a contraindication to IV contrast.
 Prior Reaction? No Yes If prior reaction, specify: _____
 Risk for CIN (check GFR): age > 60, HTN (requiring meds), DM, total/partial nephrectomy, renal ablation or renal transplant.
 Was handout given to patient taking metformin containing medications? Yes No

Pertinent Labs: GFR WBC Bilirubin D Dimer Tech Initials: _____

Oral Contrast: None Omni Water Volumen Citra Select Redi Cat Start: _____ Finish: _____

IV Contrast: None mL Omni 300 Omni 350 IV Contrast Sticker: _____

Contrast Reaction? No Yes Patient Premedicated? Yes

DLP Dose:	_____ mGy*cm	Tech Notes:
	_____ mGy*cm	
	_____ mGy*cm	
	_____ mGy*cm	

Tech Obtaining History: _____ Tech Performing Scan: _____

Revised Protocol: _____ Protocolled by: _____

Tech Verification: Standard Protocol Y N Patient ID Y N Procedure Y N Positioning Y N