CT Worksheet

Patient Name _____X-Ray:_____

Clinical History/Reason for Exam:_____

Scan Protocol

Protocol: _____Radiologist:_____

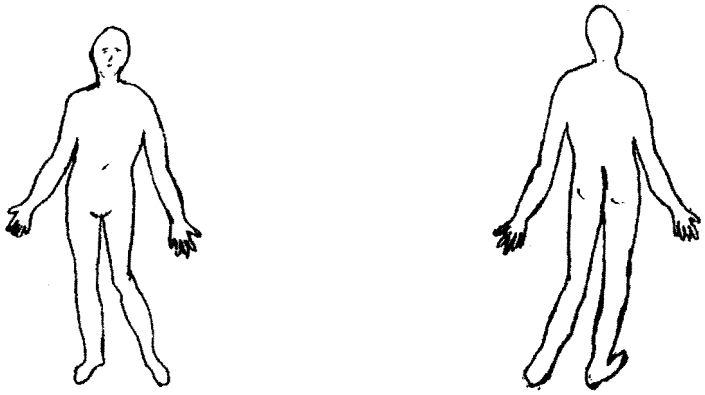
Oral Contrast: Yes No Readicat Hypaque Amount:_____

IV Contrast Yes No Omnipaque 300/350 or Amount:_____
Visipaque 320 Amount:_____
Lot #:_____ Exp. Date:_____

Type of Injection: Power Injection Hand

Reaction? Yes No Injection Rate:_____ Delay:_____

Site of Injection R L R L



Comments:

_____ _____

Technologist/Aide **Date**

Normal Creatinine Levels are: **0.6 to 1.3 milligrams (mg) per deciliter (dL)**

I-Stat Lab Creatinine: _____mg/dl Test Date: _____ Time: _____ GFR: _____
(Check appropriate box)

*48 Hour F/U I-Stat Creatinine: _____mg/dl Test Date: _____ Time: _____

*For Patients taking Oral Diabetes Meds w/Metformin.

Technologist: If using I-STAT, please follow lab testing guidelines and Creatinine Worksheet for Technologists.