

Document Control

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1. Background

The Assistant Practitioner is a non-registered practitioner, who has received sufficient training to acquire diagnostic images, in order to provide additional capacity to the workforce. The Assistant Practitioner performs protocol-limited clinical tasks under the direction and supervision of the registered Radiographer who has overall responsibility for the "episode of care".

Assistant Practitioners will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging examinations or treatment procedures in conjunction with, and under the supervision of, registered Radiographers. The range of such examinations or treatments will vary in accordance with locally identified need but is likely to be confined to standard examinations or treatments carried out on adult patients who are conscious, co-operative and communicative, and conducted in accordance with locally agreed protocols.

Patients undergoing CT scans often need to have Intravenous Contrast administered as part of their examination and this standard operating procedure sets out the procedure to allow Assistant Practitioners to draw up contrast and connect it to the patient in preparation for their scan and to administer pre-loaded syringes for hand injections under the supervision of a Registered Radiographer. It is also necessary for some patients to have Glycerol Trinitrate (GTN) spray administered for Cardiac Scans and Hyoscine Butylbromide for CT Virtual Colonoscopy scans and so they will also be included in this standard operating procedure.

2. Purpose

The Standard Operating Procedure (SOP) has been written to: Enable Assistant Practitioners working in the CT department to prepare and administer contrast, assist the Patient in administering GTN spray and draw up and administer Hyocine Butylbromide under the supervision of a Registered Radiographer and in accordance with the NDHT Medicines Policy for Skilled Not-Registered Staff.

Implementation of this procedure will ensure that:

- The person preparing and administering the contrast agent, GTN or Hyocine Butylbromide is trained and aware of the potential risks to the patient and is able to carry out the task competently and effectively.
 - The correct patient is identified for the procedure.
- All contrast, GTN or Hyocine Butylbromide is checked, prepared and administered safely to the correct patient.
 - Contraindications to the use of contrast agents and other medicines will be recognised and acted upon appropriately
 - Risks to the patient's well-being are minimised
 - Supervision of the task is undertaken by Registered Staff.

3. Scope

This Standard Operating Procedure (SOP) relates to the Assistant Practitioners in the CT scanning department only.

Only Assistant Practitioners (CT) that have received the Trust training in Cannulation and have received documented training in the administration of medication training, as outlined in the Medicines Policy for Skilled non-Registered Staff, may perform this task. Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

The scope of practice in this standard operating procedure is specific to the Radiology department only and APs moving area will not be able to fulfil the same tasks without additional training and competencies.

The line manager in CT is responsible for ensuring that this procedure (and all related Trust procedures such as Hand washing /Patient Identification/ Venepuncture and Cannulation) are also observed.

4. Location

This Standard Operating Procedure relates only to practice within the CT Scanning Department, Radiology, NDDH only.

Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. Equipment

- Patient Specific Direction (PSD) written and signed by a Radiologist.
- Trays for giving equipment
- Tourniquet
- Gloves
- Sani-cloth – Disposable Disinfectant Wipes
- Cannula (for CT patients high pressure blue cannula preferable but yellow if difficult to cannulate. For angiograms a high pressure pink is required, except for Coronary Angiograms which require a green cannula. Inpatients may have a regular pink cannula or blue if difficult to cannulate).
- Sterile Transparent Cannula Dressing
- Durapore
- Appropriate non-injectable bung system extension line primed with 0.9% sodium chloride from the pre-filled syringe and primed of air
- Sharps Bin
- Quills for drawing up contrast for some hand injections
- Load the CT injector pump as directed by the Supervising Registered Radiographer (Refer to individual SOP for loading injector pump; Assistant Practitioners should have completed documented training of how to load the injector pump and be assessed as competent prior to undertaking this role);
- Contrast agent – Appropriately loaded into pump injector or use pre-loaded syringe for hand injection. Check name and expiry date with Supervising Registered Radiographer.

- GTN Spray; Check name and expiry date with Supervising Registered Radiographer.
- Hyocine Butylbromide; Check name and expiry date with Supervising Registered Radiographer.
- Emergency Drugs
- Resuscitation Trolley
- Oxygen
- Suction

6. Emergency Equipment

- The following equipment must be in the examination room and must be checked each morning:
- Oxygen – cylinder in date and in working order if no wall supply available
- Oxygen – in working order with tubing and mask attached and ready for use
- Suction - machine in date and in working order if no built in apparatus available
- Emergency Drugs box – all drugs contained within should be in date and checked regularly
- In addition, the Resuscitation Trolleys and Defibrillators in Radiology A and B must be checked daily to ensure that they are in correct working order. All vital equipment must be present and in date. Oxygen cylinders attached to the trolleys must be checked daily to ensure supply.

6.1. Emergency Drugs

For the treatment of anaphylaxis should include:

- Adrenaline 1mg/ml (1 in 1000 dilution) for intramuscular administration
- Salbutamol Inhaler

7. Patient Group Directions (PGDs) & Patient Specific Directions (PSD)

Assistant Practitioners are not able to work under PGDs as they are not registered professionals and the PGD cannot be delegated to them by the Radiographer.

However under the Medicines Policy for Skilled Not-Registered Staff the Assistant Practitioners are able to draw up and administer contrast under the PSD or with a prescription from the Medical Practitioner/Radiologist or non-medical prescriber.

All PSDs should be scanned onto the Radiology G:drive into the CT folder:
<G:\radiology\CT\PSDs for APs to load and administer contrast, GTN and Hyocine Butylbromide>

8. Procedure

8.1. Cannulation Process

- Cannulate patient in accordance to the Trust policy for Peripheral Intravenous Cannulation <http://ndht.ndevon.swest.nhs.uk/peripheral-intravenous-cannulation/> and the Standard Operating Procedure for the Preparation and Administration of Contrast Media within the Radiology Department <G:\radiology\CONTRAST\TRAINING AND ADMINISTRATION\Standard Operating Procedure for the Preparation and Administration of Contrast Media within the Radiology Department v2.docx>

8.2. Patients with cannula's in situ

- Cannula must be flushed with Sodium Chloride 0.9% to ensure correct position – Green cannulas to be flushed with 10mls Sodium Chloride 0.9%.
- If no flow back then the cannula must be flushed by a second person, regardless of how well the cannula is working
- If any doubt after the second person has checked the cannula then the patient should be re-cannulated or have a trial injection with Sodium Chloride 0.9% via the high pressure injector; this should be directed by the supervising radiographer.
- Once happy with the position of the cannula complete the information on the back of the contrast questionnaire about the cannula

8.3. Method for Administering Contrast Media

- Work in line with the trust policy for The Administration of Injectable Medicines <https://www.northdevonhealth.nhs.uk/2016/08/injectable-medicines-policy-prescribing-preparing-and-administering-injectable-medicines-policy/>
- The type of contrast media to be used will be indicated on the appropriate scan protocol in the CT Protocol Folder and will be documented on the patients CRIS appointment details.
- **If there is no specific protocol, prescription or PSD then the Assistant Practitioner should not draw up or administer contrast under any circumstances.**
- The contrast agent should only be administered by the Assistant Practitioner according to the PSD.
- Make sure the appropriate Contrast Administration Form is filled in correctly and that the box is ticked for Contrast administered according to PSD.
- Introduce yourself to the patient by name and professional title.
- Check patient identity (three forms of identification, ID policy) and clinical details.
- Explain the procedure to the patient and gain written consent.
- Using the Contrast Administration Form check the patient has no contraindications to contrast administration and obtain their signature. If the patient has allergies, other contraindications or questions discuss with the Supervising Radiographer before cannulation.
- Ensure that the emergency drugs are in date and present in the room (see Sections 5 & 6 above).

- Draw up the contrast agent to be given into syringes or the CT Injector pump as required (See separate SOP Loading the CT injector pump; Assistant Practitioners should have completed documented training of how to load the injector pump and be assessed as competent prior to undertaking this role)
- Use aseptic non-touch technique when preparing and administering injectable medicines.
- If using pre-filled syringes collect from the warmer.
- Check the batch number and expiry date of a pre-loaded Saline (Sodium Chloride 0.9%) syringe and place the syringe on the giving tray
- Ask the Supervising Radiographer to check the date and batch number of the contrast agent which has been drawn up and pre-loaded Sodium Chloride 0.9%. Two members of staff must remain in the immediate vicinity whilst the contrast is administered in case of any adverse reaction.
- The batch numbers and expiry dates of both contrast and Sodium Chloride 0.9% must be recorded on the back of the Contrast Administration Form; the supervising radiographer must sign the contrast form as the second signatory confirming that this has been checked and recorded.
- Both staff should sign the back of the contrast form (injector and witness) which will then be scanned onto the patient's attendance episode on CRIS

8.4. Giving the injection.

- Connect the syringe containing the contrast agent to the patient – for CT this is using the connecting tube.
- For injections using the pump injector, please refer to the Radiology SOP for loading the CT Injector Pump and connecting it to the patient.
- Inject contrast according to scan protocols
- Observe the injection site for any leakage around the connection port or extravasation of contrast into the tissues.
- In the event of any adverse reaction - STOP THE INJECTION. Do not remove the cannula. Seek assistance of the Radiologist or ED doctor immediately. Implement anaphylaxis / resuscitation procedure if necessary

8.5. Following the procedure

- Remove the cannula
- Dispose of the cannula according to the waste/sharps policy.
- Apply dry swab to injection site and apply direct pressure for 2-3 minutes.
- Check for signs of inflammation, swelling and bleeding. Record Visual Infusion Phlebitis (VIP) score
- If inflammation and extravasation is suspected then report to the Supervising Radiographer who will follow NDHT guidelines on extravasation (departmental extravasation policy yet to be written). Further advice can be sought from the Radiologist.
- If bleeding continues, apply pressure for a further 2-3 mins
- Once the bleeding has stopped secure the swab with Durapore. Remember to check that the patient is not allergic to this.
- Ensure all waste is disposed of in the correct provided containers and all sharps bin lids are left half closed.
- Provide the CT patient with post contrast leaflet, 'Information sheet for patients who have had an intravenous injection of contrast medium'.
- Ask the patient to remain in the department for 30 minutes and in the hospital for a further 30 minutes in case of delayed reaction.

- Patient cannot drive for 1 hour following an injection of contrast

8.6. Method for administering GTN spray.

- The GTN spray will be indicated as necessary or that the patient is suitable for GTN spray on the referral letter or request form from the cardiologist.
- **If there is no specific protocol, prescription or PSD then the Assistant Practitioner should not administer GTN spray under any circumstances.**
- The GTN spray should only be administered by the Assistant Practitioner according to the PSD or prescription.
- Introduce yourself to the patient by name and professional title.
- Check patient identity (three forms of identification, ID policy) and clinical details.
- Explain the procedure to the patient and gain written consent.
- Check that the patient has no contraindications to GTN spray and has been using it prescribed by the Cardiologist. If the patient has allergies, other contraindications or questions discuss with the Supervising Radiographer.
- Ensure that the emergency drugs are in date and present in the room (see Sections 5 & 6 above).
- Ask the Supervising Radiographer to check the name, date and batch number of the GTN spray.
- If the Cardiologist is in attendance in the scanner and has agreed that the GTN spray should be administered then two sprays should be given to the patient whilst on the CT scanner bed prior to the procedure starting.
- The patient should be observed for adverse reactions during this time.
- The batch numbers and expiry dates of the GTN spray must be recorded on the patient's attendance episode on CRIS.

8.7. Method for administering Hyocine Butylbromide

- Work in line with the trust policy for The Administration of Injectable Medicines <https://www.northdevonhealth.nhs.uk/2016/08/injectable-medicines-policy-prescribing-preparing-and-administering-injectable-medicines-policy/>
- Hyocine Butylbromide will be indicated on the appropriate scan protocol in the CT Protocol Folder and will be documented on the patients CRIS appointment details.
- **If there is no specific protocol, prescription or PSD then the Assistant Practitioner should not administer Hyocine Butylbromide under any circumstances.**
- The Hyocine Butylbromide should only be administered by the Assistant Practitioner according to the PSD or prescription.
- Introduce yourself to the patient by name and professional title.
- Check patient identity (three forms of identification, ID policy) and clinical details.
- Explain the procedure to the patient and gain written consent.
- Using the Hyocine Butylbromide (Buscopan) Checklist check the patient has no contraindications to Hyocine Butylbromide administration and obtain their signature. If the patient has allergies, other contraindications or questions discuss with the Supervising Radiographer before cannulation.
- Ensure that the emergency drugs are in date and present in the room (see Sections 5 & 6 above).
- Ask the Supervising Radiographer to check the name, date and batch number of the Hyocine Butylbromide.

- Draw up the 1ml vial of Hyocine Butylbromide into a 1ml syringe, ensuring all air has been expelled from the syringe.
- This may then be administered as directed by the Supervising Radiographer via the patient's cannula.
- The patient should be observed for adverse reactions during this time.
- The batch numbers and expiry dates of the Hyocine Butylbromide must be recorded on the Hyocine Butylbromide checklist and signed by both the AP (as injector) and Radiographer (as witness); this should then be scanned onto the patient's attendance episode on CRIS.
- Patient should be reminded that Hyocine Butylbromide can blur the vision and so they should not drive for 1hour after the procedure, as indicated on the Hyocine Butylbromide checklist that they have read, completed and signed.

8.8. Infection Control

- Procedure should observe sterile precautions
- Avoid contaminating needles and equipment when drawing up contrast
- Wash hands before and after patient contact
- Keep all cuts and grazes covered
- Keep nails short and clean
- Use gloves

8.9. Complications

- Intra-arterial injections.
- Reaction to contrast, GTN spray or Hyocine Butylbromide.
- Extravasation.
- Needle-stick injury.
- In an attempt to reduce the risk of complications observe the injection site during the injection where possible and observe the patient for signs of reaction, e.g rash, itching, sneezing, shortness of breath etc.

8.10. Needle-stick Injuries

For needle-stick injuries follow hospital protocol for Management of Inoculation Injuries <https://www.northdevonhealth.nhs.uk/2019/05/management-inoculation-injuries-policy/> but typically;

- Allow the area to bleed if relevant. Do not suck or squeeze the affected area
- Wash the affected area with soap and running water or rinse the area with copious amounts of water whichever is most appropriate.
- Cover affected area with waterproof plaster, if appropriate.
- Report the incident to the person in charge (Senior Radiographer / Ward sister / Doctor) at the time
- Contact Inoculation Injury Advice line:
 - Northern Locality Occupational Health Team - 01271 341529
- Complete an incident report (Datixweb) within the remaining period of the shift in which the injury occurs
- In high risk patients blood samples from the donor and recipient should be taken immediately

8.11. Safety considerations when administering contrast and medication

It is a Trust requirement that all medications and contrast must be checked by a registered healthcare professional according to current competencies.

It is essential that the second checker understands their role and has the necessary experience and competence to detect any problem, challenge and intervene as necessary. If this is not the case, the second checker may decline to carry out the task of second checking, stating their reasons.

When completing the second check, it is best practice for the second checker to begin the process by assuming that an error has been made and then carry out sufficient checks to ensure that no error exists.

Trust requirements for a second check are as follows:

- Controlled drugs, according to and following the Trust Controlled Drugs Policy and Standard Operating Procedure.
- Injectable medicines, according to and following the Trust Injectable Medicines Policy and Standard Operating Procedure.
- Administration of medicines to in-patients who are under 18 years of age.

Medicines prepared but subsequently not administered to a patient must be disposed of correctly. Medicines must not be returned to the container from which they were removed.

Administration of medication via Patient Specific Direction (PSD) must be undertaken in accordance with and following the relevant PSD.

All medicines to be administered via the injectable route must be drawn directly from their original ampoule or container into syringes, and then either administered immediately or, if they are not for immediate use, the syringe is labelled by the person who prepared them and checked before later use. Only one unlabelled medicine must be handled at one time to avoid the potential for confusion / medication error.

The implications of administering the wrong medication or contrast to a patient should be rigorously understood and all staff must adhere to the Trust policies for administration of medicines and injectable medicines.

8.12. Incident Reporting

In the event of an incident or near miss involving medication or contrast, immediate action must be taken to prevent or minimise the impact on the patient, acting in the patient's best interest where necessary.

Any incident occurring during administration must be reported according to Northern Devon Healthcare Trust incident reporting procedure and the Trust Standard Operating Procedure for Medication Incidents (Managing and supporting staff following a medication incident) followed.

<https://www.northdevonhealth.nhs.uk/2019/07/medication-incidents-standard-operating-procedure-managing-and-supporting-staff-following-a-medication-incident/>

9. References

Department of Health (2011) Enabling Excellence Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers. Available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf

Ionising Radiation (Medical Exposures) Regulations 2017. Statutory Instruments 2017 No 1322

http://www.legislation.gov.uk/ukxi/2017/1322/pdfs/ukxi_20171322_en.pdf

Society of Radiographers (2012) Scope of Practice of Assistant Practitioners

<https://www.sor.org/learning/document-library/download-formats/epub/6714>

National Patient Safety Agency (NPSA) (2007) Promoting safer use of injectable medicines, Multi professional safer practice standards for: prescribing, preparing and administering injectable medicines in clinical areas.

www.npsa.nhs.uk/health/alerts

National Patient Safety Agency Alert 2007: Promoting safer use of Injectable Medicines NPSA/2007/20

<https://webarchive.nationalarchives.gov.uk/20171030124202/http://www.nrls.npsa.nhs.uk/resources/?entryid45=59812&p=14>

10. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Medicines Policy for Skilled Non-Registered Staff – to be linked once on BOB
- Medicines Policy <https://www.northdevonhealth.nhs.uk/wp-content/uploads/2018/09/Medicines-Policy-FINAL-3-0.pdf>
- Controlled Drugs Policy <http://ndht.ndevon.swest.nhs.uk/controlled-drugs-policy/>
- Controlled Drugs SOP <https://www.northdevonhealth.nhs.uk/wp-content/uploads/2016/10/Controlled-Drugs-SOP-v4-0-Jan-2019-APPROVED-DTC.pdf>
- Administration of Medicines Standard Operating Procedure <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2017/12/Administration-of-Medicines-SOP-v4.0-APPROVED-BY-DTC-20-09-18.pdf>
- Injectable Medicines Policy <https://www.northdevonhealth.nhs.uk/wp-content/uploads/2016/08/Injectable-Medicines-Policy-FINAL-v3.0-APPROVED-BY-DTC-15-11-18.pdf>
- Standard Operating Procedure for Medication Incidents (Managing and supporting staff following a medication incident) <https://www.northdevonhealth.nhs.uk/2019/07/medication-incidents-standard-operating-procedure-managing-and-supporting-staff-following-a-medication-incident/>
- Identification of Patients in Radiology [G:\Radiology Clinical Governance\IRMER\IR\(ME\)R Procedures - Standard Operating Procedures\IR\(ME\)R Procedures SOP Identification of Patients in Radiology \(V2.0 Updated\).pdf](G:\Radiology Clinical Governance\IRMER\IR(ME)R Procedures - Standard Operating Procedures\IR(ME)R Procedures SOP Identification of Patients in Radiology (V2.0 Updated).pdf)

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- [Peripheral Intravenous Cannulation http://ndht.ndevon.swest.nhs.uk/peripheral-intravenous-cannulation/](http://ndht.ndevon.swest.nhs.uk/peripheral-intravenous-cannulation/)
 - [Standard Operating Procedure for the Preparation and Administration of Contrast Media within the Radiology Department G:\radiology\CONTRAST\TRAINING AND ADMINISTRATION\Standard Operating Procedure for the Preparation and Administration of Contrast Media within the Radiology Department v2.docx](G:\radiology\CONTRAST\TRAINING AND ADMINISTRATION\Standard Operating Procedure for the Preparation and Administration of Contrast Media within the Radiology Department v2.docx)
 - [CT/MRI/Fluoroscopy protocols](#)
 - [Infection Control Policy](#)
 - [Radiology Dept Contrast questionnaire](#)
 - <http://ndht.ndevon.swest.nhs.uk/prevention-of-inoculation-injuries-policy/>
 - <https://www.northdevonhealth.nhs.uk/2017/11/management-inoculation-injuries-policy/>
 - [PSDs for APs to load and administer contrast\Patient Specific Direction G:\radiology\CT\PSDs for APs to load and administer contrast\Patient Specific Direction.docx](G:\radiology\CT\PSDs for APs to load and administer contrast\Patient Specific Direction Direction.docx)

11. Appendix A

PATIENT SPECIFIC DIRECTION

A Patient Specific Direction is a written instruction by a Doctor, Dentist or Independent Non-Medical Prescriber for medicines to be supplied and/or administered to a named patient, after the prescriber has assessed the patient on an individual basis.

This patient specific direction is for the following medicine:

Name and form of Medicine	
Strength of Medicine	
Dose	
Route	
Frequency	

This may be administered to the patients listed below, by Northern Devon Healthcare staff who are competent to do so, in accordance with the NDHT Policy on Assessment and Maintenance of Clinical Competence in Nurses, Midwives and Support Workers.

Patient Name	Date of Birth	NHS Number

Prescriber Name	
Prescriber Signature	
Prescriber registration number	
Start date of PSD	
Finish date of PSD	

12. Appendix B

Patient ID Sticker	
Name	
DOB	
RBZ#	

Northern Devon Healthcare **NHS**
NHS Trust
Incorporating community services in Exeter, East and Mid Devon

<u>RADIOLOGY DEPARTMENT</u>
CHECK LIST PRIOR TO IV ADMINISTRATION OF IODINATED LOW OSMOLAR CONTRAST MEDIUM for CT SCANNING, ANGIOPLASTIES and IVP's.

DRINK.....@.....APPT.....

Batch No.....	Expiry Date	Volume.....
MEDICAL HISTORY	Yes	No
Are you taking antibiotics		
Comments		
If 'Yes' - use Orange bags		
Are you taking any of the following medications :-		
Interleukin therapy		Date of blood test:
Metformin		Date of blood test:
Anti coagulant therapy		e.g. Aspirin / Warfarin / Clexane / Clopidogrel
Do you suffer from any of the following :-		
Diabetes mellitus requiring treatment		
Allergies		
Asthma		
Uncontrolled thyrotoxicosis		
Severe impairment of renal/ hepatic function		
Multiple myeloma		
Phaeochromocytoma		
Had previous contrast?		
Any chance of pregnancy?		
Background Radiation Equivalent		
eGFR		Date of blood test:
Serum Cr		
AKI		
I CONFIRM THAT THESE DETAILS ARE CORRECT & I CONSENT TO THIS PROCEDURE:		
Patient's signature:		WITNESS:
		DATE:

Patient surname.....

EXAMINATION:	AGREED BY:
---------------------	-------------------

CONTRAST PRESCRIBED BY PGD:	VOLUME:
INTENDED RADIOLOGIST:	

<u>CONTRAST USED</u>		
BATCH NO	EXPIRY DATE	VOLUME INJECTED
.....
<u>SODIUM CHLORIDE</u>		
BATCH NO	EXPIRY DATE	VOLUME INJECTED
.....
ADMINISTERED IN ACCORDANCE WITH:		
PGD	<input type="checkbox"/>	PSD <input type="checkbox"/>

INJECTION SITE (ASEPTIC):	Hand Hygiene:
	Gloves worn:
TIME OF INJECTION	Skin cleansing:
	Skin dry before cann:
	Tegaderm:
COMMENTS	

INITIALS	ATTEMPT 1	2	FAIL

DE CANNULATED BY	
FLUSHED & LEFT IN SITU	

INJECTOR **SIGNATURE**

WITNESS **SIGNATURE**

Omnipaque, Niopam and Visipaque are IOMs and therefore must only be prescribed by a medically qualified practitioner. The following guidance applies only to the administration of doses of 100mls or less of the above. Patients requiring doses in excess of 100mls should be referred to a Radiologist.

For diabetic patients or patients over 80 years of age eGFR MUST be checked. For non-diabetic patients blood test must be within 3 months. For diabetic and other high risk patients blood test must be within 8 weeks (see Prevention of Contrast Induced Nephropathy – Identification of Patients at Risk)

If the eGFR IS BELOW 45 use Visipaque. (see Prevention of Contrast Induced Nephropathy – Identification of Patients at Risk)

If Serum Cr OVER 130(WOMEN) 150 (Men) refer to radiologist

ARTERIAL ANGIOGRAPHY ONLY: for high risk patients with eGFR below 60, consider using Visipaque and refer to a Consultant Radiologist

Approved Date: 01/03/2015/

Lead: SJ/GK

Review Date: 01/03/2018 Author VE/CLJ path: Cr/radiology/FORMS/CONTRAST CHECK LIST VERSION 12

Version: 14

13. Appendix C

	<p>Northern Devon Healthcare NHS NHS Trust</p> <p style="font-size: small;">Incorporating community services in Exeter, East and Mid Devon</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">CT CORONARY ANGIOGRAPHY</div>	
ARE YOU ON ANTIBIOTICS? IF YES USE ORANGE BAG	YES	NO
HAVE YOU HAD ANY PREVIOUS INJECTIONS OF X-RAY CONTRAST?	YES	NO
IF YES, DID YOU HAVE ANY PROBLEM/REACTION?	YES	NO
DO YOU HAVE ANY ALLERGIES? IF YES, PLEASE STATE	YES	NO
DO YOU CURRENTLY TAKE ANTICOAGULANTS E.G. ASPIRIN \ WARFARIN REGULARLY?	YES	NO
ARE YOU UNDER INVESTIGATION FOR THYROID PROBLEMS?	YES	NO
ARE YOU DIABETIC?	YES	NO
IF YES, WHAT MEDICATION DO YOU TAKE? METFORMIN DIET OTHER	YES	NO
ANY SEVERE IMPAIRMENT TO YOUR RENAL / HEPATIC FUNCTION?	YES	NO
DO YOU SUFFER FROM PHAEOCHROMOCYTOMA?	YES	NO
DO YOU SUFFER FROM MULTIPLE MYELOMA?	YES	NO
ARE YOU ON A TREATMENT CALLED INTERLEUKIN THERAPY?	YES	NO
DO YOU TAKE A BETA BLOCKER?	YES	NO
DO YOU HAVE ASTHMA?	YES	NO
IF YES, DO YOU USE AN INHALER?	YES	NO
DO YOU HAVE A FAMILY HISTORY OF HEART DISEASE?	YES	NO
DO YOU OR HAVE YOU EVER SMOKE?	YES	NO
ARE YOU CURRENTLY TAKING VIAGRA / REVATIO?	YES	NO
ARE YOU CURRENTLY TAKING VERAPAMIL?	YES	NO
ARE YOU PREGNANT?	YES	NO
SIGNATURE		
I CONFIRM THAT THESE DETAILS ARE CORRECT & I CONSENT TO THIS PROCEDURE		
PATIENT SIGNATURE		
DATE		
WITNESS		
Approved date: 24/10/2013		
Review date: 24/10/16	Author: EW	path/3/FORMS/(CT) Checklist for CT Coronary Angiography Version 2

Patient Surname.....

CARDIOLOGIST

OBS		
	PRE	POST
SATS		
HR		
BP		

eGFR		Date	
------	--	------	--

	BATCH NO	EXP DATE	DOSE	TIME	SIGNATURE
SALINE FLUSH			10 mls		
SALINE PUMP			100 mls		
CONTRAST			100 mls		
METOPROLOL					
GTN					

CANNULA SITED ASEPTICALLY

NOTES

INITIALS	ATTEMPT 1	2	FAIL

CANNULA REMOVED BY:.....

INJECTOR	SIGNATURE
WITNESS	SIGNATURE

Approved date: 24/10/2013

Review date: 24/10/16

Author EW

path/G/FORMS/(CT) Checklist for C T Coronary Angiography

Version 2

14. Appendix D



Northern Devon Healthcare **NHS**
NHS Trust
Incorporating community services in Exeter, East and Mid Devon

BUSCOPAN CHECKLIST

DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS?

	YES	NO
GLAUCOMA (narrow angle)		
HEART PROBLEMS*		
MYASTHENIA GRAVIS		
PROSTATIC ENLARGEMENT WITH URINARY RETENTION – must urinate before leaving department		
LOW RES. DIET FOLLOWED (C/COY)		
GG TAKEN (C/COY)		

*TO INCLUDE: uncontrolled tachyarrhythmia, myocardial infarction, unstable angina, acute coronary syndrome, recent ventricular arrhythmias.

PLEASE BE AWARE THAT BUSCOPAN MAY GIVE YOU SOME BLURRY VISION AND IT IS ADVISED THAT YOU DO NOT DRIVE FOR 1 HR AFTER YOUR SCAN.

I CONFIRM THAT THESE DETAILS ARE CORRECT AND I CONSENT TO THIS PROCEDURE

PATIENT SIGNATURE	DATE

Buscopan: BATCH NUMBER.....EXP DATE.....

Saline: BATCH NUMBER.....EXP DATE.....

DRINK (C/COY).....

INJECTION SITE	HAND HYGIENE.....
TIME OF INJECTION	GLOVES WORN.....
DECANNULATED BY:.....	SKIN CLEANSING.....
	SKIN DRY BEFORE CANN.....
	TEGADERM.....

INITIALS	ATTEMPT 1	2	FAIL

Author: SW
Version: 6, Updated: 01/08/2017
REVIEW: 01/08/20
Path: G:\radiology\FORMS\CT MRI\ BUSCOPAN CHECK LIST

15. Appendix E

List of medications permitted to be administered by APs working on the CT Scanner	
Approved medications	Permitted routes of administration
Iohexol Solution (as Omnipaque®)	IV
Iodixanol Solution (eg Visipaque®)	IV
Hyocine Butylbromide	IV
GTN spray	Sublingual
Sodium Chloride 0.9%	IV