Yale NewHaven Health

Nuclear Medicine
Injection Questionnaire

Patient's name: _____ **Date:** _____

Medical Record # (blue card): _____ **Age:** _____

The medicines you drink or have injected (called radioactive isotopes) for nuclear medicine exams are safe. Side effects are extremely rare.

Please answer all questions about the person who will have the nuclear medicine exam.

1. Do you have any allergies? ◯ Yes ◯ No ◯ I don't know
   If yes, to what are you allergic? _____
2. Are you taking any medicine now? ◯ Yes ◯ No ◯ I don't know
   Please list any medications you are taking:

For patient safety, Yale-New Haven Hospital Diagnostic Radiology policy requires urine pregnancy testing for all female patients between the ages of 10 and 55 (or the onset of menses). Patients aged 18 or older may waive this testing.

FOR WOMEN ONLY

- Are you pregnant or is it possible you might be pregnant? ◯ Yes ◯ No ◯ I don't know
  If yes, or if you are not sure, please tell the technologist now!
- Are you breast feeding? ◯ Yes ◯ No ◯ I don't know
  If yes, please tell the technologist now!
- Are you menstruating? ◯ Yes ◯ No
  Date of last cycle _____
- Have you had or are you? ◯ Hysterectomy ◯ Tubal ligation ◯ Post menopausal

I have read and I understand the information on this form.

_____
Print name of person completing the form

_____ _____
Signature of the person completing the form | Relationship to patient (self, parent, other)

Print Form **Reset Form**

For Department of Radiology use only. Do not write below this line.

For patients with a portacath: Flush the portacath with 10 mL's of normal saline solution; followed by the installation of 5 mL's of Heparin (100 units / mL).

Nurse's Name (Print) Nurse's Signature Date Time

Urine POCT performed?

❑ Yes ❑ No ❑ Waived **Results:** ❑ Positive ❑ Negative

Pediatric dose verification

***Two technologists must verify the radiopharmaceutical to be delivered.**

Patient weight: _____

Radiopharmaceutical: _____

Dose administered: _____

Verified by:

Technologist 1: _____

Technologist 2: _____

Lasix dose verification **(1mg/kg is standard dosing for renal scans with diuresis)**

*** Two technologists will verify the Lasix dose amount to be administered to the patient.**

Sulfa-drug allergy reviewed: ❑ Yes No

Patient weight: _____

Lasix dose = _____ (patient weight in kg) * 1mg/kg Maximum Lasix dose is 40mg.

Dose administered: _____

Verified by:

Technologist 1: _____

Technologist 2: _____