

**Department of Radiology**  
**Intravenous Contrast Media Questionnaire**

Your doctor has ordered a **MRI Examination**, which requires you to have contrast material (dye) injected into your veins. During the injection some people feel a cool sensation that lasts a few minutes and then goes away. Reactions to MRI contrast are extremely rare. The following reactions are not seen in everyone, but one or more of them may occur:

- Nausea, sometimes with vomiting;
- Sneezing
- Itching and hives
- Swelling of the lips and / or around the eyes.

A more moderate reaction to contrast may be that you develop itching or hives several days after the test even though you did not have this reaction on the day of the test. Very rarely, more severe types of reactions occur. These include, but are not limited to: difficulty breathing, shock, kidney failure, cardiac arrest and death. A condition called NSF (*Nephrogenic Systemic Fibrosis*) has been reported, but only in patients with severe pre-existing renal disease.

Although it doesn't happen very often, there is a chance that some of the contrast may leak from your vein into the area around the needle, which might result in tenderness and swelling at the injection site. If you feel any pain during the injection of contrast, please tell the technologist or the nurse.

If any of these reactions occur after you leave, please call the doctor who ordered the MRI. If the symptoms become worse, or if you develop any difficulty breathing or swelling of the tongue or lips ---Go to the nearest Emergency Room for evaluation and treatment

-----**Please answer the following questions**-----

Have you had blood work within in the last 4 weeks? Yes  No  If yes, When \_\_\_\_\_

Have you received contrast material in the past? Yes  No  Unknown

If yes, did you have a reaction? Yes  No  Type of reaction: \_\_\_\_\_

If you had a reaction, were you pre-medicated for today's exam? Yes  No

Do you have a history of hypertension? Yes  No

Do you have a history of diabetes? Yes  No

Do you have sickle cell anemia? Yes  No

Have you ever had kidney disease or kidney surgery? Yes  No

(type) \_\_\_\_\_ (if on dialysis, date of last treatment) \_\_\_\_\_

Do you have a history of severe liver disease? Yes  No

Have you had a liver transplant (or pending transplant)? Yes  No

**Females:** Are you breastfeeding? Yes  No

(If yes, you will need to express and discard your breast milk for 48 hours after the contrast injection)

