

**Consent for Procedure and Treatment
CT-MRI-IV Contrast During Pregnancy**

PATIENT: _____ DOB: _____ DATE: _____

I authorize Dr. _____ and whomever he and/or she designates as assistant(s) to perform upon _____

(Print Name of Patient)

at AdventHealth Imaging Center Roeland Park and associated facilities, the following treatment and/or procedure:

I have informed the staff and Radiologist that I am pregnant. My referring physician and OB-GYN have determined that this exam is necessary. I am aware of the following risks:

_____ High radiation dose may lead to microcephaly, Microphthalmia, mental retardation, growth retardation, behavioral defects, and cataracts. I am aware that these risks are greatest between weeks 2 and 15 of pregnancy. CT exams of the pelvis also may cause a doubling of the risk of childhood cancer in my fetus. Hypothyroidism in my baby is also a risk if I receive IV iodinated contrast, but this abnormality is routinely tested by the states of Kansas and Missouri at birth and is easily corrected if present. (Reference: Kansas Statute 65-181 Article)

_____ MRI of any body part in any trimester does not pose any known risks to my fetus.

_____ Gadolinium (MRI dye) has a risk of childhood cancers in fetuses exposed in the womb. The Gadolinium will only be used if there is an absolute necessity for diagnosis and is relatively safe in the third trimester.

_____ There is no risk to my baby if I am lactating and I may continue to breast feed without restriction.

_____ OTHER RISKS:

It has been determined that the exam ordered during your pregnancy is absolutely necessary and the risk of not diagnosing the health condition and not receiving appropriate treatment poses a greater risk that those posed to your fetus as a result of the imaging study. The info requested from the MR study cannot be acquired by means of non-ionizing means (e.g. ultrasound). The referring physician believes that it is not prudent to wait until you are no longer pregnant to obtain this data.



If any unforeseen condition becomes apparent in the course of the procedure which would require an extension of the original procedure or a different procedure from the described above, I authorize the above physician and his/her assistants and associates to perform such procedures as they, in the exercise of professional judgment, deem necessary. I also consent to the administration of medications as necessary.

The nature and purpose of the procedure, the risks and benefits of the procedure, and the risks and benefits of the not receiving or undergoing the procedure have been fully explained to me.

In the event a health care worker is exposed to my blood, I consent to the drawing of my blood for testing for or hepatitis infection. I understand that Kansas and Missouri law requires that positive test results be reported to the state.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT FOR THE ABOVE PROCEDURE(S) AND AGREE TO SUCH PROCEDURE THAT HAS BEEN ADEQUATELY EXPLAINED TO ME BY THE PHYSICIAN AND THAT I HAVE ALL THE INFORMATION I DESIRE CONCERNING THE PROCEDURE AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OF COMPLETION WERE FILLED IN BEFORE I SIGNED.

Patient's Signature: _____ Witness: _____

Date: _____ Time: _____ a.m./p.m.

Patient is: _____ a minor _____ unable to sign because _____

Signature for Patient: _____ Witness: _____

Relationship: _____
(Parent or legal guardian)

Date: _____ Time: _____ a.m./p.m.



Bedside Procedure Documentation

This section to be completed for patients receiving invasive procedure at the bedside (any procedure requiring informed consent)

Verification of correct procedure and patient via:

- Correct patient, verified by patient date of birth and name verbalized
- Verbal confirmation of scheduled procedure with patient or legal guardian
- Physician order reviewed and initialed by technologist
- Consent signed, and correct procedure verified
- Site confirmed – left vs. right

Documentation of Final Verification Prior to Start of Procedure:

Date: _____ Time: _____ Signature of Technologist: _____

