**Written consent with the provision of health service (intervention)**

**The name of the health service** (intervention or examination): **Radiodiagnostic examination with intravenous, or alternatively, oral administration of iodine radiopaque dye /CT, IVU/**

The administration of iodine radiopaque dye during an X-ray examination helps make anatomic and especially pathological body structures more visible.

**By prior examination your physician has recommended a health service /intervention or examination/ which we need your consent for.**

**Reason for the health service (intervention or examination) provided:**

A lot of anatomic and especially pathological structures are natively (that is without the contrast medium application) visible very badly or not at all. For the purpose of making these structures visible a special X-ray contrast liquid – iodine radiopaque dye is injected into a vein in certain cases. Some examinations, as e.g. urography, cannot be carried out at all without the intravenous administration of radiopaque dye.

**Possible alternatives:** The alternative is not to use the radiopaque dye, which often means only partial utilization of the examination or complete impossibility of the examination (urography).

**Preparation for the health service (intervention or examination) provided:**

The patient comes with an empty stomach – i.e. they do not eat, drink and smoke 4 hours before the intervention although sufficient hydration of the patient 24 hours before the examination is necessary to lower the risk of adverse /chemotoxic/ reactions. In case of a large intestine X-ray examination it is also necessary to administer the preparation for the evacuation of large intestine. If the patient takes any drugs, they can be washed down with only a small amount of pure water. One hour before the examination they swallow a Dithiaden tablet (if they do not have it with them, Dithiaden or some other antiallergenic substance is administered intravenously right before the examination)

**Are you allergic to anything?**

**.......................................................................................................................................................**

**Are you treated for hay fever, asthma, renal insufficiency, prostatic hypertrophy, glaucoma or other serious disease? Do you take Metformin or other oral antidiabetic with the same active ingredient? (It is necessary to discontinue the use of these drugs 48 hours before and 24 hours after the examination!!!)**

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**Have you ever been intravenously administered iodine radiopaque dye? If so, during which examination an how was it tolerated?**

**..................................................................................................................................................**

**The procedure of the health service (intervention or examination) provision:**

If the attending physician decides to administer the contrast medium orally, the patient gets one or two cups with this substance mixed in adequate amount of water. The solution is little by little drunk according to the instructions of the radiology assistant. In the examination room the patient is inserted a cannula and administered the necessary medication. **The examination itself is carried out afterwards, during which the radiology laboratory technician applies the contrast medium intravenously which is a preparation containing iodine which** excretes from the body through kidneys quite quickly. Other but iodine contrast medium cannot be used in this case, without its administration the value of the examination would be lowered. In overwhelming majority of cases its administration is tolerated well but, as with most treatments, adverse reactions may occur. Regarding the possibility of late allergic reaction, the patient is waiting for one hour in the waiting room after the examination is finished and is let to keep the inserted cannula during that time. If there are no noticeable signs of nausea or allergy, the cannula is removed after the time has passed and the patient leaves.

**Risks and possible subsequent complications:**

1. The possible and most common adverse reactions of only **mild degree**: feeling dryness in the mouth, feeling hot, pressure in the surroundings of the urinary bladder, feeling sick, feeling higher blood pressure in the head, headache, rigor, skin itching, nettle rash or red spots on the skin, slight breathing difficulties.

2. **Serious** but very rarely occurring adverse reactions are: strong breathlessness on the basis of bronchospasm, laryngeal and pulmonary edema, hypotension, spasms. Very rarely the allergic reaction may advance to anaphylactic shock with unconsciousness and death.

**Recommendations for the patient after the provided health service (intervention or examination):**

After the examination is finished, the patient should drink more so that the contrast medium egested from the body quickly. The patient should not drive vehicles immediately after the intervention as the administered Dithiaden may negatively affect attention. After the examination is finished, the patient should increase the amount of liquids drunk so that the contrast medium excreted from the body more quickly.

**Provision of other health services:..................................................................................................**

**Statement:** I have become acquainted with the provision of health service (intervention or examination) with all the alternatives, their advantages and risks and I had the opportunity to choose one of the alternatives (unless the health service provided is a subject of special legal regulations). I have become acquainted with the possible limitations of the usual way of living and occupational limitations after the provision of the health service (intervention or examination), with possible expected changes in the state of health and fitness. I have become acquainted with the course of treatment, suitable preventive measures and the possibility of other health service (check interventions or examinations) provision. I declare that I have been informed about the possibility to cancel this consent of mine with the suggested intervention anytime before the intervention itself. I declare that I have informed the physician about all the circumstances concerning my state of health and I have not withheld anything which could negatively affect the result of the intervention mentioned above.

**I declare that I was allowed to ask complementary questions which were answered properly and that I fully understood the information and instructions and that I agree with the suggested procedure.**

In case unexpected complications requiring urgent carrying out of other heath services (interventions) necessary to save my life or health occur, I agree with the implementation of any other necessary or urgent health services (interventions) to save my life or health.

I have been informed about the implanted medical means in written form – orally ̽

Patient:...................................... Birth certificate number:..................................................

Patient’s signature: .........................................................................................................................

Legal representative:..................... Family relationship:.........................................................

Legal representative’s signature:.....................................................................................................

Medical worker providing the information:......................................................................................

In Prague, date:.............................

**In case the patient cannot sign (state the reason):**

If the person insured cannot sign the record regarding their state of health, the attending physician and another witness will confirm their indubitable manifestation of will ( a nod, eyelids or extremities movement etc.) with their signature. The way the person insured manifested their will and the medical reasons discouraging the person’s signature will be stated in the record.

Medical reasons discouraging the insured person’s signature:...........................................................

The way of the insured person’s manifestation of will:.......................................................................

Name and surname (or stamp), witness’s signature:...........................................................................

̽delete where not applicable