



RURAL MEDICAL IMAGING

Locations: Innisfail Mareeba Atherton Ingham

Diagnostic Consent Policy & Procedures

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Diagnostic Consent

Purpose and Scope

The purpose of this policy is to ensure that patients of Rural Medical Imaging have been advised, provided relevant information and given their consent for procedures that are either invasive or high risk.

Procedures that require Patient consent

The procedures performed at Rural Medical Imaging that are considered to be invasive and high risk include:

- CT's with contrast
- CT Guided injections (not available at time of publication)
- Ultrasound Guided injections

Consent forms

All patients subject to an invasive or high risk procedure must provide their consent in writing.

Consent forms are provided to the patient by reception for patient to complete. Upon return the consent form is labelled with the patients Name, DOB, Visit number, Date of visit, & Medicare number and is scanned into the RIS. The original copy is provided to the technician and used as part of their checking process and to discuss the procedure with the patient

Copies of consent forms are in Attachments

- Guided Injection Ultrasound & CT ⁱ- [Intervention Procedures Consent form](#)
- Transvaginal Consent Formⁱⁱ [Attachment](#)
- CT Patient Consent Form ⁱⁱⁱ[Attachment CT with contrast](#)

Example of de-identified consent forms^{iv}. See [Completed form examples](#)

The consent form that covers procedures that require contrast explains the reason for the contrast along with likely feelings and sensations associated with it. It talks about allergies and possible reactions. The consent form explicitly asks about any known conditions, the reason for this is so the technician can determine the best course of action. The consent forms for contrast are labelled and details of the contrast used are stated on the label.

For transvaginal ultrasounds the technician discusses the procedure with the patient before commencing the procedure to ensure the patient is fully aware of what is going to happen during the procedure. The consent forms for the procedure are signed by the patient and the technician prior to commencing the scan.

For guided injection patients, the procedure is discussed with the patient and the information sheet is used as a guide during this discussion.

All forms are scanned into the RIS and filed with the patients procedure.

Information provided/available to patient

We offer a variety of information to our patients.

Contrast CT's

- Our Questionnaire contains information about the procedure
- Consent Information – Patient Copy Iodinated Contrast^v

Ultrasound

- Our consent form contains information pertaining to transvaginal ultrasound
- Guided injection patients are provided with our Guided Injection Information sheet^{vi}

General information

- We provide printed copies of Consumer information for the modalities offered at our practice as issued by Better Health Channel (Victorian Government)
- <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ct-scan>
- <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ultrasound-scan#bhc-content>
- <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/x-ray-examinations>

Document Review

This document has been compiled and reviewed in August 2021 whilst reviewing and updating our Safety and Quality Manual and will be reviewed again July 2024 as per Review Schedule in Safety & Quality Manual

Attachment - Interventional Procedure – Consent Form



Interventional Procedures – Consent Form

I have been referred by my doctor to undergo:

- Ultrasound Guided Joint Injection
- Ultrasound Guided Biopsy / Fine Needle Aspiration
- CT Guided Facet Joint Injection
- CT Guided Nerve Block
- CT Guided Epidural

The procedure indicated above is to be performed on
(indicate body area, example: Rt Shoulder, L3/L4 Facet Jt.)

I acknowledge that I have been given the following information sheet/s which relate to my procedure:

- US1 - Ultrasound Guided Joint Injection
- US2 - Ultrasound Guided Biopsy / Fine Needle Aspiration

I have read the information sheet/s indicated above and I understand:

- The risks and complications involved with this procedure, in particular, those that are specific to me.
- The medications being used in this procedure.
- Despite being performed with absolute due professional care, RMI cannot guarantee that this procedure will improve my condition.
- The health professional/s performing the procedure may be undergoing further training.
- I have the right to change my mind at any time, even after I have signed this consent form.
- The images recorded during the procedure will assist the doctor/health professional to perform the procedure and provide any appropriate treatment, if necessary.

I acknowledge that I have been given the opportunity to ask questions and raise concerns with the doctor/health professional about this procedure and its associated risks/complications. I also acknowledge that my questions and concerns have been answered to my satisfaction.

Based on the above statements;

I do consent to undergo this procedure.

Name.....

Signature.....

Date...../...../.....

Attachment – Transvaginal Ultrasound



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INFORMED PATIENT CONSENT FOR TRANSVAGINAL ULTRASOUND

Name _____ DOB _____

Address _____

Patient Information Your doctor has requested a procedure which may require us to perform a transvaginal ultrasound. It is important that you understand the procedures that are associated with this examination:

- The ultrasound transducer will be placed in the vagina (the probe is sterilised)
- The transducer will be introduced with a latex / non latex type covering
 - Do you have an allergy to latex? YES / NO
- You may be asked to insert the transducer yourself, or the sonographer conducting the examination may assist you.
- It will be necessary to move the transducer from side to side, up and down or rotated to obtain images.
- A third person may be present during the examination acting as a chaperone, if required by the sonographer or yourself.
- You may request the examination to be stopped at any time during the examination.
- A transvaginal ultrasound will not be performed if you have never been sexually active OR you are under the age of 18, unless there are extenuating circumstances.

BELOW PLEASE COMPLETE EITHER SECTION A OR B

A - Patient Consent for Transvaginal Scan

- I acknowledge I am aware of the procedure for completing a transvaginal ultrasound.
- I understand I have the right to change my mind at any time, including after having signed this form.
- I have been provided the opportunity to have any questions answered.
- I therefore give my consent for the transvaginal examination to be performed.

Patient Name _____ Signature _____ Date _____

Sonographer _____ Signature _____ Date _____

Chaperone _____ Signature _____ Date _____

OR

B - Declined Consent for Transvaginal Scan

I understand the benefits of a transvaginal scan but on this occasion I have chosen to decline to undertake the procedure and wish to have the opportunity to discuss further with my referring practitioner.

Patient Name _____ Signature _____ Date _____

Sonographer _____ Signature _____ Date _____

Attachment – CT with contrast Consent form



RURAL MEDICAL IMAGING

PATIENT CONSENT FORM - CT SCAN WITH IV CONTRAST INJECTION

As part of this CT Scan, it may be necessary for you to have an injection of an X-ray dye, known as a Contrast Injection. This allows for better visualization of your Anatomy and, in turn, will lead to the best possible diagnosis.

If you have a Contrast Injection, you are likely to experience the sensation of a Hot Flush as well as a Metallic taste or smell in your throat. These are **Normal** sensations that most people will have, and they do not last long.

As with most medications, it is possible that you could have an allergic reaction with this Contrast Injection. Allergic reactions are uncommon, but Mild and Severe reactions are possible. Examples of these types of reactions include:

- Mild Reactions (Rare) include: Nausea/Vomiting, Itchy Skin/Hives, Dizziness, Minor Swelling of the face/neck, Headache.
- Severe Reactions (Extremely Rare) include: hypovolaemic shock, respiratory arrest, cardiac arrest and convulsions.

Patients with impaired Renal/Kidney function may have an increased risk of Acute Kidney Injury (AKI) as a result of intravenous contrast media.

If you have any questions or concerns about this procedure, please ask our staff after completing the following questions.

Please indicate whether any of the following apply to you (to the best of your knowledge):

	YES	NO
● Asthma	<input type="radio"/>	<input type="radio"/>
● Hepatitis	<input type="radio"/>	<input type="radio"/>
● HIV/AIDS	<input type="radio"/>	<input type="radio"/>
● Myasthenia Gravis	<input type="radio"/>	<input type="radio"/>
● Pheochromocytoma	<input type="radio"/>	<input type="radio"/>
● Kidney Failure / Removal / Transplant	<input type="radio"/>	<input type="radio"/>
● Suffering Dehydration	<input type="radio"/>	<input type="radio"/>
● Undergoing Radioactive Iodine Treatment	<input type="radio"/>	<input type="radio"/>
● On Thyroid Medication	<input type="radio"/>	<input type="radio"/>
● Pregnant	<input type="radio"/>	<input type="radio"/>
● Diabetes	<input type="radio"/>	<input type="radio"/>

Have you ever had a CT Scan with Contrast? YES NO

 If YES, did you suffer any allergic reaction? YES NO

Please list any other allergies you may have:

.....

I DO CONSENT to having an IV Contrast Injection if it is deemed necessary for my CT Scan.

I DO NOT CONSENT to having an IV Contrast Injection as part of my CT Scan.

Name:..... Signature:..... Date:...../...../.....

Attachment Consent Information



Consent Information - Patient Copy Iodinated Contrast

1. What is Iodinated Contrast?

The medical imaging procedure your doctor has asked you to have uses Iodinated 'Contrast' (once called X-ray dye). Contrast is a colourless liquid which includes iodine. Contrast is injected into your blood stream to allow your organs to be seen more clearly on x-rays. Contrast is not a dye. It does not stain the inside of your body. Your doctor needs to use Contrast to be able to get all the information needed to assist with your diagnosis.

This information sheet must be read together with the information sheet of the procedure you are booked for (if you do not have this information sheet please ask for one).

2. During the procedure

When the Contrast is injected you may feel:

- A very warm or 'flushed' feeling over your body, this may also make you think you have passed urine. You will not pass urine – it is only a feeling.
- A 'metallic' taste or smell may also happen. This usually lasts less than a minute.

3. After the procedure

It is recommended that you drink 2 to 4 glasses of water after your procedure to help flush the Contrast from your body.

Contrast does not affect your ability to carry out normal activities; you should be able to continue with your day as normal.

4. Precautions

Contrast is not suitable for some people; you will be asked a series of questions before it is given to you. Your answers allow staff to identify any risk factors that you may have.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

Kidney function

- Contrast is removed from your blood by your kidneys through your urine. It is easily removed from the body of people who have normal kidney function.
- Giving Contrast to people with weakened kidneys (renal impairment), can cause further kidney damage, which may in turn cause the kidneys to stop working properly (acute renal failure).
- You may be asked to have a simple blood test to find out the level of their kidney function.

Diabetic Drug interactions - Metformin

(Other Drug names: Avandamet, Diabex, Diaformin, Formet, Glucohexal, Glucomet, Glucophage, Glucovance, Metformin)

If kidneys suffer damage from the Contrast then the kidneys may not be able to remove Metformin from the body. It is safer to briefly stop taking Metformin when having Contrast. Staff will inform you when to stop and when it is safe to take Metformin again.

Contact your GP to monitor your diabetes if you are told to stop your Metformin.

5. What are the risks of Iodinated Contrast?

The risks and complications with this injection can include but are not limited to the following.

Common risks and complications include:

- No known common risks.

Less common risks and complications include:

- Injected Contrast may leak outside of the blood vessel, under the skin and into the tissue. This may require treatment. In very rare cases, further surgery could be required if the skin breaks down.
- Acute Renal Failure occurs when one or both of your kidneys suddenly stop working. Failure can last for days or weeks. It may take the kidneys a long time to regain their previous level of function and you may require dialysis to filter your blood during this time. There is a risk your kidneys could be permanently damaged. To reduce this risk the smallest possible dose of Contrast will be given.
- The injection may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Allergic reactions occur within the first hour with most happening in the first 5 minutes. Late reactions have been known to occur up to a week after the injection.

Note: Allergy to topical iodine and/or seafood does not imply an allergy to Iodinated Contrast.

The reactions vary from:

Mild – hives, sweating, sneezing, coughing, nausea.

Moderate – wide spread hives, headaches, facial swelling, vomiting, shortness of breath.

Severe – Severe reactions are rare but include: life-threatening heart palpitations, very low blood pressure, throat swelling, fits and/or cardiac arrest.

- Death as a result of Iodinated Contrast is very rare.

6. What are the safety issues when you leave the hospital?

Go to your nearest Emergency Department or GP if you become unwell.

Guided Injection Information Sheet



US1 - Ultrasound Guided Joint Injection

You have been referred for an Ultrasound guided joint injection. Joint injections require injecting a mixture of local anaesthetic and steroid medications into a joint to relieve pain. The procedure is performed by a doctor and often assisted by a sonographer. Under the guidance of an ultrasound machine, the site of the injection can be correctly located. Pain relief can range from temporary to long lasting relief.

What is involved in this procedure?

An ultrasound machine will be used to locate the correct injection site of the joint. The doctor will then inject the needle and use Ultrasound imaging to guide the needle into the joint. Once the needle is in the correct location, a mixture of anaesthetic and steroid medication will be injected into the joint. The doctor will then remove the needle and clean and dress the injection site. The procedure should take no more than 10-15 minutes to complete.

Will the injection hurt?

You may experience some discomfort as the needle is injected, followed by a feeling of increased pressure as the medication is injected. This discomfort will subside as the local anaesthetic begins to take effect.

What can I expect after the injection?

Due to the anaesthetic, you may experience some immediate relief – it is not uncommon for the pain to come back again before it slowly gets better, this is due to the anaesthetic wearing off, and cortisone is a slower acting anti-inflammatory. Ice packs or simple pain killers may help relieve this pain. Try not to engage in any strenuous activity following the injection. As the discomfort subsides, you may gradually increase your level of activity.

Are there any Risks?

Risks of this procedure may include, but are not limited to the following:

Common risks/complications:

- Bruising or Bleeding: this is more common in patients with bleeding disorders or who are taking Aspirin, Warfarin or other blood thinning medications.
- Nerve damage: from direct needle trauma, or as a consequence of other complications. Nerve damage is usually temporary and will resolve over time. Nerve damage has the potential to progress to Complex Regional Pain Syndrome (CRPS) requiring further treatment, however this is rare.

Less Common risks/complications:

- Infection: most of these are minor (1-2%), however can be serious (<0.1%) requiring hospital admission, intravenous antibiotics and further treatment.
- Allergies to the medications used, which may require further treatment.
- Damage to surrounding tissue such as muscles, blood vessels and organs, requiring further treatment.
- Joint inflammation; an increase of fluid in or around the joint.

Rare risks/complications:


- Local anaesthetic toxicity resulting in seizures and/or cardiac arrest.
- Death as a result of this procedure is extremely rare.

Be sure to visit your GP or closest Emergency Department if begin to feel unwell or if:

- Ice packs and simple pain killers do not relieve pain.
- You experience swelling, redness or prolonged bleeding at the injection site.
- You develop a fever
- You have reduced movement in the joint that received the injection.

By referring you for a Joint Injection, your doctor believes the benefits from having this procedure outweigh any risks involved. If you have any questions regarding this procedure, please discuss them with the doctor performing the examination or with your GP.

Attachment – Example completed forms



PATIENT CONSENT FORM - CT SCAN WITH IV CONTRAST INJECTION

As part of this CT Scan, it may be necessary for you to have an injection of an X-ray dye, known as a Contrast Injection. This allows for better visualization of your Anatomy and, in turn, will lead to the best possible diagnosis. If you have a Contrast Injection, you are likely to experience the sensation of a Hot Flush as well as a Metallic taste or smell in your throat. These are **Normal** sensations that most people will have, and they do not last long. As with most medications, it is possible that you could have an allergic reaction with this Contrast Injection. Allergic reactions are uncommon, but Mild and Severe reactions are possible. Examples of these types of reactions include:

- o Mild Reactions (Rare) include: Nausea/Vomiting, Itchy Skin/Hives, Dizziness, Minor Swelling of the face/neck, Headache.
- o Severe Reactions (Extremely Rare) include: hypovolaemic shock, respiratory arrest, cardiac arrest and convulsions.

Patients with impaired Renal/Kidney function may have an increased risk of Acute Kidney Injury (AKI) as a result of intravenous contrast media. If you have any questions or concerns about this procedure, please ask our staff after completing the following questions. Please indicate whether any of the following apply to you (to the best of your knowledge):


	YES	NO
• Asthma	<input type="radio"/>	<input checked="" type="radio"/>
• Hepatitis	<input type="radio"/>	<input checked="" type="radio"/>
• HIV/AIDS	<input type="radio"/>	<input checked="" type="radio"/>
• Myasthenia Gravis	<input type="radio"/>	<input checked="" type="radio"/>
• Pheochromocytoma	<input type="radio"/>	<input checked="" type="radio"/>
• Kidney Failure / Removal / Transplant	<input type="radio"/>	<input checked="" type="radio"/>
• Suffering Dehydration	<input type="radio"/>	<input checked="" type="radio"/>
• Undergoing Radioactive Iodine Treatment	<input type="radio"/>	<input checked="" type="radio"/>
• On Thyroid Medication	<input type="radio"/>	<input checked="" type="radio"/>
• Pregnant	<input type="radio"/>	<input checked="" type="radio"/>
• Diabetes	<input type="radio"/>	<input checked="" type="radio"/>

Have you ever had a CT Scan with Contrast? YES NO
 If YES, did you suffer any allergic reaction? YES NO

Please list any other allergies you may have:
Penicillin

I DO CONSENT to having an IV Contrast Injection if it is deemed necessary for my CT Scan.
 I DO NOT CONSENT to having an IV Contrast Injection as part of my CT Scan.

Name: Kylie ; Signature: K. Date: 19/10/20



PATIENT CONSENT FORM - CT SCAN WITH IV CONTRAST INJECTION

As part of this CT Scan, it may be necessary for you to have an injection of an X-ray dye, known as a Contrast Injection. This allows for better visualization of your Anatomy and, in turn, will lead to the best possible diagnosis. If you have a Contrast Injection, you are likely to experience the sensation of a Hot Flush as well as a Metallic taste or smell in your throat. These are **Normal** sensations that most people will have, and they do not last long. As with most medications, it is possible that you could have an allergic reaction with this Contrast Injection. Allergic reactions are uncommon, but Mild and Severe reactions are possible. Examples of these types of reactions include:

- o Mild Reactions (Rare) include: Nausea/Vomiting, Itchy Skin/Hives, Dizziness, Minor Swelling of the face/neck, Headache.
- o Severe Reactions (Extremely Rare) include: hypovolaemic shock, respiratory arrest, cardiac arrest and convulsions.

Patients with impaired Renal/Kidney function may have an increased risk of Acute Kidney Injury (AKI) as a result of intravenous contrast media. If you have any questions or concerns about this procedure, please ask our staff after completing the following questions. Please indicate whether any of the following apply to you (to the best of your knowledge):

	YES	NO
• Asthma	<input type="radio"/>	<input checked="" type="radio"/>
• Hepatitis	<input type="radio"/>	<input checked="" type="radio"/>
• HIV/AIDS	<input type="radio"/>	<input checked="" type="radio"/>
• Myasthenia Gravis	<input type="radio"/>	<input checked="" type="radio"/>
• Pheochromocytoma	<input type="radio"/>	<input checked="" type="radio"/>
• Kidney Failure / Removal / Transplant	<input type="radio"/>	<input checked="" type="radio"/>
• Suffering Dehydration	<input type="radio"/>	<input checked="" type="radio"/>
• Undergoing Radioactive Iodine Treatment	<input type="radio"/>	<input checked="" type="radio"/>
• On Thyroid Medication	<input type="radio"/>	<input checked="" type="radio"/>
• Pregnant	<input type="radio"/>	<input checked="" type="radio"/>
• Diabetes	<input type="radio"/>	<input checked="" type="radio"/>


Have you ever had a CT Scan with Contrast? YES NO
 If YES, did you suffer any allergic reaction? YES NO

Please list any other allergies you may have:

IV CONTRAST GIVEN
 Creat:..... eGFR: 53
 Date Taken: 21/10/20
 Vol (mL): 66
 Complications: Nil
 Initials: [Signature]

I DO CONSENT to having an IV Contrast Injection if it is deemed necessary for my CT Scan.
 I DO NOT CONSENT to having an IV Contrast Injection as part of my CT Scan.

Name: _____ Signature: _____ Date: 21/10/20



RURAL MEDICAL IMAGING

RURAL MEDICAL IMAGING INDEPENDENCE, MO
MR PETER C
 Visit: 904 377
 22/10 NO REB
 Medicare: 422

Interventional Procedures – Consent Form

I have been referred by my doctor to undergo:

- Ultrasound Guided Joint Injection Ultrasound Guided Biopsy / Fine Needle Aspiration
 CT Guided Facet Joint Injection CT Guided Nerve Block
 CT Guided Epidural

The procedure indicated above is to be performed on RIGHT ELBOW
(indicate body area, example: Rt Shoulder, L3/L4 Facet Jt.)

I acknowledge that I have been given the following information sheet/s which relate to my procedure:

- US1 - Ultrasound Guided Joint Injection US2 - Ultrasound Guided Biopsy / Fine Needle Aspiration
 CT1 - CT Guided Facet Joint Injection CT2 - CT Guided Nerve Block
 CT3 - CT Guided Epidural

I have read the information sheet/s indicated above and I understand:

- The risks and complications involved with this procedure, in particular, those that are specific to me.
- The medications being used in this procedure.
- Despite being performed with absolute due professional care, RMI cannot guarantee that this procedure will improve my condition.
- The health professional/s performing the procedure may be undergoing further training.
- I have the right to change my mind at any time, even after I have signed this consent form.
- The images recorded during the procedure will assist the doctor/health professional to perform the procedure and provide any appropriate treatment, if necessary.

I acknowledge that I have been given the opportunity to ask questions and raise concerns with the doctor/health professional about this procedure and its associated risks/complications. I also acknowledge that my questions and concerns have been answered to my satisfaction.


Based on the above statements;

I do consent to undergo this procedure.

Name PETER C

Signature [Signature]

Date 22, 10, 20



RURAL MEDICAL IMAGING

RURAL MEDICAL IMAGING INDEPENDENCE, MO
MRS CAROLYN
 Visit: DOB: 07/12
 22/10/20 US INJECTION NO REB
 Medicare: 2

Interventional Procedures – Consent Form

I have been referred by my doctor to undergo:

- Ultrasound Guided Joint Injection Ultrasound Guided Biopsy / Fine Needle Aspiration
 CT Guided Facet Joint Injection CT Guided Nerve Block
 CT Guided Epidural

The procedure indicated above is to be performed on left hand
(indicate body area, example: Rt Shoulder, L3/L4 Facet Jt.)

I acknowledge that I have been given the following information sheet/s which relate to my procedure:

- US1 - Ultrasound Guided Joint Injection US2 - Ultrasound Guided Biopsy / Fine Needle Aspiration
 CT1 - CT Guided Facet Joint Injection CT2 - CT Guided Nerve Block
 CT3 - CT Guided Epidural

I have read the information sheet/s indicated above and I understand:

- The risks and complications involved with this procedure, in particular, those that are specific to me.
- The medications being used in this procedure.
- Despite being performed with absolute due professional care, RMI cannot guarantee that this procedure will improve my condition.
- The health professional/s performing the procedure may be undergoing further training.
- I have the right to change my mind at any time, even after I have signed this consent form.
- The images recorded during the procedure will assist the doctor/health professional to perform the procedure and provide any appropriate treatment, if necessary.

I acknowledge that I have been given the opportunity to ask questions and raise concerns with the doctor/health professional about this procedure and its associated risks/complications. I also acknowledge that my questions and concerns have been answered to my satisfaction.

Based on the above statements;

I do consent to undergo this procedure.

Name CAROLYN

Signature [Signature]

Date 22, 10, 20

Original Files

- i 2.2 Consent Form Guided Injection
- ii 2.2 Consent form Patient Transvaginal Scan
- iii 2.2 Consent Form CT with contrast
- iv 2.2 Example completed TV Consent form, 2.2_Example completed Contrast Consent Form
- v 2.2 Qld Gvt Iodinated Contrast info
- vi 2.2 Ultrasound Guided Joint Injection