Subject Discharge Instructions: **Contrast Allergy**

Subject Name: ________________________________________________

Study Name: _________________________________________________

Today you were evaluated by Dr.___________________ and R.N._________________________.

During your study today, you received an IV (into the vein) injection of contrast. Following this injection, you showed signs of a contrast allergy that included: __________________________________

Your allergy can be classified as:
- **Mild** (may receive contrast in the future but will require premedication prior to the exam)
- **Moderate** (consult with your ordering physician prior to receiving contrast)
- **Severe** (any future injection of contrast is strongly contraindicated. Speak to your ordering physician prior to any other contrast study.)

Mild to moderate allergy reactions usually require observation by our staff and sometimes medication such as Benadryl. These symptoms are expected to resolve within one hour.

**After discharge from CTI, it is important to do the following:**
- Drink plenty of fluids
- Do not drive or operate machinery
- Do not drink alcoholic beverages while taking medication that may cause drowsiness
- If you experience any shortness of breath, difficulty breathing, or heart palpitations, then you should contact your ordering physician and go to the emergency room.
- Other instructions: ____________________________________________

Instructions reviewed with subject by:

______________________________________________________________

Physician’s Signature                                     Nurse Signature

I have read and understand the discharge instructions, and consent to a follow-up call at:

______________________________________________________________

Subject’s signature  date  daytime phone number

Date follow-up completed: ____________  By: __________________________

Details: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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