CT Screening

መሕትት /መፃረይ ናይ ሲቲ (ራጅ)

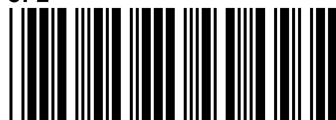
TIGRINYA

Patient Name:____
ሽም ተሓካማይ

Today's Date: ____________ **Age**: ______ **Weight**: ______ **Height**: ______ **Sex**: ☐ **M** ☐ **F**
ዕለት ዕድመ: ክብደት/ሚዛን ቑመት: ፆታ: ተ ጓኣ

	Yes እወ	No የልቦን	
	☐	☐	If female: is there any possibility you could be pregnant? ጓል ኣንስተይቲ እንተኾይንኪ፡- ክትጠንሲ እትኽእሊሉ ዕድል ኣሎ ድዩ?
	☐	☐	Are you currently breastfeeding? ኣብዚ ሕጂ እዋን ጡብ ኣደ ተጡቢ ድኺ?
	☐	☐	Have you had a previous reaction to iodinated contrast media (i.e. CT contrast dye or X-ray dye)? If yes, describe reaction: ____________________ ቅድሚ ሕጂ ኣዮዲን ዘለዎ ንስእሊ ራጅ ኣፅሪዩ ዘሪኢ ፈሳሲ (ሕብሪ ናይ ሲቲ ስካን/ ራጅ) ክትወስድ ከለኻ ገለ ሳዕቤን ገዩሩልካ ነይሩ ዶ? እዎ እንተኾይኑ፣ ዘምፀአልካ ሳዕቤን ግለፅ
	☐	☐	If you had a prior reaction to iodinated contrast media, have you been pre-medicated with a corticosteroid (such as Prednisone or Solu-Medrol)? ____________________ ቅድሚ ሕጂ ኣዮዲን ዘለዎ መፅረይ ስእሊ ራጅ ሳዕቤን እንተገይሩልካ ኣቐዲምካ ብፈውሲ ኮርቲኮስተሮይድ (ኣብነት ፕሪድኒዞን ወይ ሶሉ ሜድሮል) ተሓኪምካ ዶ ነይርካ?
	☐	☐	Do you have any allergies to food or medication? If yes, please list: ____________________ መግቢ ወይ ካዓ ፈውሲ ኣለርጂ ይገብርለካ ዶ? እዎ እንተኾይኑ, ብክብረትካ ዘርዝሮም:
	☐	☐	Do you have asthma? ኣዝማ አለካ ድዩ?
	☐	☐	If yes, is your asthma currently affecting you? እወ እንተኾይኑ፣ ኣብዚ ሕጅ እዋን ኣዝማኻ እናጎድኣካ ድዩ ?
Δ	☐	☐	Do you take Glucophage (Metformin)? ግሉኮፌጅ (ሜትፎርሚን) ትወስድ ዲኻ ?
Δ	☐	☐	Do you have kidney disease or kidney failure or kidney transplant? ሕማም ኩሊት ወይ ምፍሻል ኩሊት ወይ ምቕያር ኩሊት አለካ ዶ/ጌርካ ዲኻ?
Δ	☐	☐	Do you have a history of kidney cancer or mass? ታሪኽ ካንሰር ኩሊት /መንሽሮ አለካ ዶ?

PLACE PATIENT LABEL HERE



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∆	☐	☐	Do you have a family history of kidney failure? ታሪኽ ምፍሻል ኩሊት ኣብ ስድራኻ ነይሩ ዶ?
∆	☐	☐	Have you previously had kidney surgery? ቅድሚ ሕጂ መጥባሕቲ ናይ ኩሊት ገይርካ ትፈልጥ ዲኻ ?
*	☐	☐	Have you had a recent illness or infection in the past week? Type: ____________________ ኣብ ቀረባ ኣብ ዝሓለፍ ሰሙን ገለ ዘጋጠመካ ሕማም ወይ ረኽሲ ነይሩ ዶ? ዓይነት፡-
*	☐	☐	Have you been feeling sick with nausea, vomiting or diarrhea? ብዕግርግር ፣ተምላስ ወይ ተቕማጥ ሓሚምካ ነይርካ ዶ ?

Patient (or legal guardian) signature: ፊርማ ተሓካምይ(ሕጋዊ ኣላይ)	**Date:** ዕለት	**Time:** ሰዓት

Patient Name (printed): ሽም ተሓካማይ (ፅሓፍ)	**Legal guardian printed name (if applicable):** ሽም ሕጋዊ ኣላይ(እንተልዩ)

THIS SECTION IS FOR STAFF USE ONLY

* Serum creatinine within 24 hours   ∆ **Serum creatinine within 2 weeks if "Yes" to answer**

VASCULAR ACCESS:

DATE ______________ **TIME** ______________

TECHNOLOGIST / RN ____________________

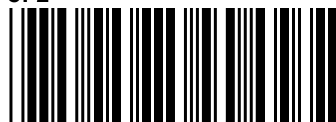
IV SITE ______________ ☐ **18g** ☐ **20g** ☐ **22g** **ATTEMPTS** _______

☐ **OTHER** ____

CREAT / GFR ____________________________________

NOTES ____

PLACE PATIENT LABEL HERE



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