

# Cardiac CT, Coronary CTA, Coronary Artery Calcium Score Requisition



<b>ORDERING PHYSICIAN</b>	PATIENT NAME: _____
Name: _____	DOB: _____
Signature: _____	HCN: _____
Copy to: _____	HOME PHONE: _____
Date (dd/mm/yy): _____	CELL PHONE: _____
	ADDRESS: _____

Department of Diagnostic Imaging  
 TEL 613 969-7400 x2860 (BGH)  
 FAX completed forms to 613-969-5561

The information requested is critical for successful study. No booking will be given unless ALL information is legible and complete.

## Patient Preparation:

- Patient to anticipate spending up to 2-3 hours in department on day of appointment.
- NPO with exception of water and regular morning medications, 4 hours prior to hospital arrival
- No caffeine 12 hours prior to exam (no coffee, cola drinks, tea, energy drinks)
- For Coronary CTA, no Sildenafil or equivalent (i.e. Viagra, Levitra or Cialis) 48 hours before scan
- For Cardiac CT and Coronary CTA, Diabetics on Metformin will be advised to discontinue Metformin for 48 hrs post IV contrast injection and have renal function checked before restarting. Metformin can generally be restarted if serum creatinine increase is < 25% of patient's baseline.

**INDICATION:** \_\_\_\_\_

## Specify type of ECG-gated examination(s) requested:

Coronary CTA (CCTA)     Coronary Artery Calcium Score (CACS)     Cardiac CT

## For CACS:

Framingham Risk Score:   Low  Intermediate  High   
 Asymptomatic  Symptomatic   
 Family History Premature CHD       

## ECG-gated CT studies are dependent upon heart rate and rhythm.

**\*\*\*\*\*12 lead ECG strip MUST be provided with these requisitions\*\*\*\*\***

Resting Heart Rate: \_\_\_\_\_ bpm

Irregular rhythm?                            Y     N   
 Chronic Atrial Fibrillation?            Y     N   
 Can patient lie still & hold breath for 15 seconds?    Y     N   
 Lift both arms above shoulders?        Y     N

## Relevant previous cardiac studies must be included with requisition:

Stress test  Echocardiogram  Nuclear medicine  Angiogram  CCTA  Other  No relevant previous study

## Relevant detailed clinical information must be included with requisition:

Coronary stent  CABG  Pacemaker/AICD  Relevant consultation notes  None

**Patient Location:**  Outpatient  ER  ER Callback  Inpatient \_\_\_\_\_ (floor)

**Sublingual Nitroglycerin will be given prior to Coronary CTA (CCTA).**

**Does the patient have a history of:**

	YES	NO
Using Sildenafil/Viagra/Cialis/equivalent	<input type="radio"/>	<input type="radio"/>
Aortic stenosis	<input type="radio"/>	<input type="radio"/>
Severe anemia	<input type="radio"/>	<input type="radio"/>
Closed angle glaucoma	<input type="radio"/>	<input type="radio"/>
Increased intracranial pressure	<input type="radio"/>	<input type="radio"/>
Recent myocardial infarction	<input type="radio"/>	<input type="radio"/>
Hypersensitivity to Nitroglycerin	<input type="radio"/>	<input type="radio"/>

**Metoprolol will be given prior to Coronary CTA (CCTA) and Coronary Artery Calcium Score (CACs).**

**Does the patient have any of the following?**

	Yes	No
<b>Heart Block</b> If 'yes,' select degree 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
<b>Left Ventricular Heart Failure</b> Is there is a Grade IV Left Ventricle or any admission in last 6 months for CHF?  If 'yes,' provide the most recent LVEF = ____%	<input type="radio"/>	<input type="radio"/>
<b>Pulmonary arterial hypertension</b> If 'yes,' provide RVSP = _____mmHg	<input type="radio"/>	<input type="radio"/>
<b>Asthma/COPD</b> Admission to hospital in last 6 months? Regular use of "puffers"?	<input type="radio"/>	<input type="radio"/>
<b>Allergy to Metoprolol</b>	<input type="radio"/>	<input type="radio"/>

**Cardiac CT and Coronary CTA studies are performed using IV contrast. Renal function indices must be  $\leq 6$  months for stable outpatients,  $\leq 7$  days for inpatients, and same day for patients who are acutely ill.**

Patient weight in kg: \_\_\_\_\_  
 Patient height in cm: \_\_\_\_\_  
 BMI: \_\_\_\_\_ kg/m<sup>2</sup> (<40)  
 eGFR (mL/min): \_\_\_\_\_  
 Creatinine ( $\mu$ mol/L): \_\_\_\_\_

	YES	NO
Pregnant	<input type="radio"/>	<input type="radio"/>
Age over 70	<input type="radio"/>	<input type="radio"/>
Diabetes Mellitus If yes, on Metformin?	<input type="radio"/>	<input type="radio"/>
Solitary kidney or Chronic renal disease	<input type="radio"/>	<input type="radio"/>
Sepsis or Volume contraction	<input type="radio"/>	<input type="radio"/>
Nephrotoxic medications	<input type="radio"/>	<input type="radio"/>
Hypertension and/or CAD	<input type="radio"/>	<input type="radio"/>
Previous chemotherapy	<input type="radio"/>	<input type="radio"/>
Organ transplant	<input type="radio"/>	<input type="radio"/>
Previous adverse contrast reaction	<input type="radio"/>	<input type="radio"/>
If yes, specify: _____		

The Diagnostic Imaging department can suggest a prophylactic medication regimen by fax. The administration of such prophylaxis remains the responsibility of the referring physician.

**The table weight limit is 180 kg (400 lbs); heavier patients will not be booked.**