

Previous X-ray	Surname	Hospital Number			
Previous Ultrasound	First Names				
Prev.Nuclear Med.	Address				
Family Doctor (Tel.No. and Address if GP Request)	Tel.No:				
	DOB	Sex	Civ.State	Occupation	
	Consultant		Ward/Dept.		
Provisional Diagnosis	Date of LMP		Wet Film Please Tick	Yes	No
	Transport Required?	Please Tick	Walking	Chair	Stretcher
					Oxygen Yes / No
Relevant Clinical Details (Mandatory)					
Suggested Examination	Signature and Bleep No. (Mandatory)			Date	
Attendance Label	Date of Examination		Radiographer		
	Films Taken		Comments		
	Screening Time				

X-RAY REQUEST FORM (PLYMOUTH AND DISTRICT)

Instructions for the patient:
Please take this form to Lloyd's Pharmacy for dispensing

Instructions for Lloyd's Pharmacy
Please separate the X-ray request form from the prescription, and keep the X-ray request for collection by staff from X-ray East.

**Any patient allergies ?
Record here:**

First name:		
Surname:		
D.O.B.	Sex:	Hospital No.
NHS No.	Consultant::	

Checklist to be completed by the referring clinician requesting the oral bowel cleansing agent(s)

First, check for absolute contra-indications	
Bowel obstruction, perforation or ulceration	Y / N
Gastric retention	Y / N
Severe active inflammatory bowel disease	Y / N
Significant congestive cardiac failure	Y / N
Dysphagia (unless via NGT)	Y / N
Reduced level of consciousness	Y / N
Toxic Megacolon	Y / N
Ileostomy	Y / N
Hypersensitivity to any of the ingredients	Y / N

If NO to all of these then tick here:

If YES to any of these then the patient must NOT be given bowel cleansing agents – discuss further with a Consultant Radiologist.
N.B. CT abdomen is a less invasive test for frail or debilitated patients.

Review existing U&Es and eGFR in all patients. If no results available from within the last 3 months then national consensus guidelines ⁽¹⁾ recommend checking the U&Es and eGFR in all patients, especially those with any of the following co-morbidities:	
Hypertension	Multi-system disease (eg. SLE)
Diabetes	Family history of CKD Stage 5
Congestive cardiac failure	Haematuria or proteinuria
Ischaemic heart disease	Peripheral vascular disease
Cerebrovascular disease	Structural renal tract disease or renal calculi or prostatic hypertrophy
Chronic Kidney Disease	

For CKD Stage 5 (eGFR<15) prescribe 100ml Gastrografin® by itself (No CitraFleet®)
For patients with serum electrolytes that deviate significantly from the normal range, discuss further with a Consultant Radiologist, as a scan without bowel cleansing agents may be more suitable.

Nammol/L
K.....mmol/L
eGFR.....ml/min/1.73m²
Date of results.....

No need to check U&Es after clinical assessment
then tick here:

Then, review the patient's medications

- Medicines where hypokalaemia is a risk (diuretics, steroids, digoxin).
- Medicines associated with SIADH (tricyclics, SSRIs, anti-psychotics).
- Medicines associated with impairment of renal function (NSAIDs, ACE inhibitors, angiotensin receptor antagonists).

Can any of these be safely stopped for 24-72 hours? Y/N
If they can't be stopped, is it still safe for the patient to take bowel cleansing agents? Y/N

Prescription			
Standard bowel cleansing agents prior to CT Colonography:	Prescriber to tick the required bowel prep.	Pharm. Screen	Record of Dispensing
CitraFleet® x 1 sachet and Gastrografin® 100ml x 1 bottle	<input type="checkbox"/>		Dispensed by: _____ Checked by: _____
Directions for standard bowel cleansing agents: Take as directed on the diet sheet provided.			
Bowel cleansing agent prior to CT Colonography for patients who are frail, have co-mordid disease or have Stage 5 CKD (eGFR<15)	Prescriber to tick the required bowel prep.	Pharm. Screen	Record of Dispensing
Gastrografin® 100ml x 1 bottle	<input type="checkbox"/>		Dispensed by: _____ Checked by: _____
Directions: Take as directed on the diet sheet provided			
Bowel cleansing agent within 24 hours of a failed colonoscopy:	Prescriber to tick the required bowel prep.	Pharm. Screen	Record of Dispensing
Gastrografin® 100ml x 1 bottle	<input type="checkbox"/>		Dispensed by: _____ Checked by: _____
Directions for Gastrografin® after failed colonoscopy: Drink 100ml (the whole contents of the bottle) with your evening meal on the day before the CT scan. Then, continue drinking only clear fluids (no food or milk) until the CT scan the following day.			

Date	Requesting Prescriber's Signature	Requesting Prescriber's Name (Print)	Prescriber's bleep/tel. No.

If this is not the original copy of the prescription then a counter-signature by a Consultant Radiologist is required below

Date	Counter-signature	Name (Print)	Internal Ext. No. 31268 External Tel.No. 01752 431268
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Reference (1): http://www.rcr.ac.uk/docs/radiology/pdf/oral_bowel_cleansing_guidelines.pdf

Guidelines for prescribing bowel preparation
for CT Colonography (CTC)

1. Gastrografin and Citrafleet with modified diet is the standard preparation prior to CTC for patients with no or moderate co-morbidities.
2. Gastrografin only with modified diet is the standard preparation prior to CTC for patients with severe co-morbidities especially renal failure, cardiac failure or immobility.
3. If it would be necessary to admit the patient for bowel preparation then CTC is almost certainly not suitable, and a CT-TAP should be considered.

Please note:

- Diabetic patients must have early morning appointments, particularly if controlled by insulin. Diabetic patients should take medication as normal and follow the advice on the diet sheet provided with the dispensed bowel preparation. If the patient wishes to discuss how to manage their diabetes before or after the CTC they can contact the Diabetes Specialist Nurse on 01752 792962.
- Renal patients: Citrafleet should not be given to patients with an eGFR below 15.
- It is recommended that U&Es and eGFR should be checked in all patients before prescribing bowel preparation, as recommended by national consensus guidelines.



**X-Ray Request Form and
Prescription/checklist for Bowel Preparation
For CT-Colonography**