

CT SCAN PREPARATION

Appointment date and time: _____

- **CLEAR LIQUIDS ONLY 4 HOURS BEFORE PROCEDURE (SEE GUIDELINES BELOW)**
- **If you are currently taking prescribed medications, please take as instructed with a very small amount of water just enough for swallowing.**
- **FOR ABDOMINAL SCANS YOU MAY BE REQUIRED TO DRINK ORAL CONTRAST. ORAL CONTRAST MAY BE PICKED UP AT RADIOLOGY EAST DESK 2 TO 3 DAYS PRIOR TO SCHEDULED TEST OR PATIENT MAY ARRIVE 2 ½ HOURS BEFORE TEST TO DRINK CONTRAST**
- **PATIENTS WHO REQUIRE INTRAVENOUS CONTRAST (I.V.) WILL NEED TO HAVE A PERIPHERAL I.V. THIS CAN BE PLACED/INSERTED BY DEPARTMENT OF RADIOLOGY NURSES AND RADIOLOGISTS. CENTRAL LINES CANNOT BE USED**
- **CLEAR LIQUID GUIDELINES:**
 - **WATER, COFFEE, TEA (NO MILK OR NON-DAIRY CREAMER), APPLE JUICE, WHITE GRAPE JUICE, LEMONADE, GINGER-ALE, COLA, 7-UP, SPRITE, GATORADE, CHICKEN BROTH, JELLO (NO RED/PURPLE FOOD COLORING)**
- **NOTIFY YOUR DOCTOR/NURSE PRIOR TO THE PROCEDURE IF YOU HAVE ANY OF THE FOLLOWING:**
 1. **DRUG ALLERGIES/I.V. CONTRAST ALLERGIES/LATEX ALLERGIES. I.V. ALLERGY PATIENTS MUST BE PRE-MEDICATED. NOTIFY NURSE TO CALL IN PRESCRIPTIONS INTO PHARMACY**
 2. **HISTORY OF KIDNEY PROBLEMS**
 3. **DIABETIC PATIENTS TAKING GLUCOPHAGE/GLUCOVANCE, ETC.---DO NOT TAKE DIABETIC MEDICATION MORNING OF PROCEDURE**
 4. **CREATININE LEVEL (BLOOD TEST) IS REQUIRED WITHIN 30 DAYS FOR:**
 - **PATIENTS 70 YEARS OF AGE OR OLDER**
 - **DIABETIC (INSULIN AND NON INSULIN DEPENDENT)**
 - **HISTORY OF RENAL INSUFFICIENCY**

If you should have any questions, please call: the nurse coordinator for the Colon and Rectal Surgery Department at (650) 725-9772