

	Policy #6.7
SUBJECT: Patient Medication Questionnaire	Written: 09/03 Reviewed: 03/19
APPROVED BY: Director of Radiology	Page 1 of 1

Patient Medication Questionnaire

Purpose:

To assure that the Radiologist has adequate information pertaining to the patient's history prior to administering contrast/medication in the Department of Diagnostic Radiology.

To provide an electronic order for contrast/medication, a record of medication given, patient education, and assessment for the patient's medical record and pharmacy.

Policy:

1. Patient Questionnaire E-Form will be obtained by the Technologist prior to calling for the Radiologist.
2. All invasive or non-invasive exams that require the patient to receive contrast/medication in the Diagnostic Radiology Department will have a patient questionnaire E-form filled out.
3. The following documentation must be recorded in the MAR/RIS with all contrast/medication orders:
 - a. Date and hour written
 - b. Name of medication, preferably by generic name
 - c. Drug strength
 - d. Route of administration
 - e. Frequency of administration
 - f. Physician's signature