

	Affix Patient Label	
	Patient Name:	DOB:

### Informed Consent CAT scans of Pregnant Patients

This information is given to you so you can make an informed decision about having a CAT scan (CT) of the abdomen and/or pelvis if you are pregnant.

**Reason and Purpose of the Consent:**

Your doctor feels that a CAT scan is needed for diagnosing your serious or urgent illness.

Your doctor has considered the risks associated with this exam. Your doctor believes it is in your and your baby’s best interest to have it. The most important factor in having a healthy baby is a healthy mother.

**Benefits of this exam:**

A CAT scan is a diagnostic imaging test. It is used to help find diseases or injuries. It is used when a physical exam or lab tests are not enough.

**Risks of this exam:**

The examination, due to the radiation, might slightly increase the possibility of cancer later in your child’s life. An unborn baby exposed to CAT scan radiation may have a 1 in 1,000 greater chance of developing cancer as a child. This risk is **not** proven and may not exist. The radiologist and the CAT scan technologist adjust the exam to lower the radiation dose to your baby.

**Alternative Treatments:**

- You can decide not to have the procedure.
- Your provider can discuss any other options with you.

**If you choose not to have this treatment:**

- Your provider may be unable to diagnose any potentially serious or urgent illnesses.
- A delayed diagnosis of an emergency may threaten both you and your unborn baby.

**Risks of this Surgery or Procedure**

- **Infection.** May require antibiotics or additional surgery.
- **Change in skin sensation.** This may not change.
- **Skin shape irregularities.** Other surgery may be needed.
- **Surgical shock.** Additional treatment and hospitalization would be necessary.
- **Fat may cause a blockage in a blood vessel (embolism).** Hospitalization and more treatment would be needed.
- **Fluid buildup.** More treatment would be needed.
- **Allergic reactions to medication given or products used.** More treatment would be needed.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **CAT scan while pregnant.**

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

 Relationship:  Patient/parent of minor     Closest relative/relationship \_\_\_\_\_     Guardian/POA  
**Healthcare**
**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Interpreter (if applicable)

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_