

To be completed by a Registered Nurse.

Patient:		MRN:	DOB/Age:
Stated Wt:	Stated Ht:	Procedure Date:	
Allergies/Sensitivities: <b>*sulfa allergy is contraindication for Lasix (Furosemide) use</b>			
Current meds/Last dose:			
Significant Health History: Notify radiologist if patient is: <input type="checkbox"/> pregnant/breastfeeding <input type="checkbox"/> shows signs of dehydration <input type="checkbox"/> kidney or liver disease			
Notify patient/family that patient may experience frequent urination following administration of Lasix. Dizziness, headache, blurred vision, extreme thirst and muscle cramps may occur, and if persistent you should contact your primary care physician immediately.			
Verbal instructions reviewed with: <input type="checkbox"/> Patient <input type="checkbox"/> Other:			
<b>Complete the following steps per policy and procedure:</b>			
<input type="checkbox"/> Signed consent form			
<input type="checkbox"/> Verify NPO x6 hours      NPO since: _____ Food _____ Liquid			
<input type="checkbox"/> Verify need for GFR/creatinine			
<input type="checkbox"/> Start saline lock IV      gauge/location: _____			
<input type="checkbox"/> Have patient use restroom immediately prior to exam			
<input type="checkbox"/> Just following the "T1 Vibe COR PRE" sequence (at MRI technologists cue), inject 20mg Lasix (Furosemide) slowly over 1 minute, followed by saline flush. Connect injector tubing for Gadolinium administration. time: _____			
RN Signature:			Date: