



SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
DEPARTMENT OF RADIOLOGY
CONTRAST EXTRAVASATION INCIDENCE REPORTING

PATIENT NAME			
PATIENT ID/MRN			
WARD		DATE OF EXAMINATION	
SEX		AGE	
CT NUMBER			
PROCEDURE			
AMOUNT OF CONTRAST INJECTED (ML)	≤ 50ml		≥ 50ml
SIZE OF BRANULA USED		DATE OF BRANULA SET	
SITE OF BRANULA		BRAND OF BRANULA	
CONTRAST SERIAL NO		EXPIRY DATE OF CONTRAST	
CLINICAL HISTORY			

IMMEDIATE COMPLICATION

Further Management :

Comments :

Radiographer/Staff Nurse:

Name of Radiologist :

Signature & Stamp :

Signature & Stamp :

Date :

Date :