North Bay Regional Health Centre

Diagnostic Imaging
MRI Hyoscine Butylbromide (Buscopan)
Screening Form

This form is to be completed for any patient scheduled to undergo an MRI examination that will require administration of a Prophylactic Anti-peristaltic medication. As per Medical Directive DIR-P-613 (Administering Medications for Prophylactic Anti-peristatic Effect During Magnetic Resonance Imaging (MRI) Tests by the MRI Technologist and DI Registered Nurse)

Allergies: ☐ NKA _____

PART A : MRT(MR) or DI nurse to ask the following questions

Do you have any form of heart disease or heart rhythm disturbance? Such as Angina/Congestive Heart Failure/Atrial Fibrillation/Left Ventricular Failure	☐ No ☐ Yes
Do you have Glaucoma?	☐ No ☐ Yes
Do you have Acute Porphyia?	☐ No ☐ Yes
If you are female, are you pregnant? Or are you breastfeeding?	☐ No ☐ Yes
If you are male, do you have problems passing urine or a problem with your Prostate gland? (Obstructive Prostatic Hypertrophy)	☐ No ☐ Yes
Do you have Megacolon?	☐ No ☐ Yes
Do you have Myasthenia Gravis?	☐ No ☐ Yes
Are you taking any of the following? (please circle) Antidepressants/ Antihistamines/ Ventolin inhaler	☐ No ☐ Yes

Absolute Contraindications:	**Relative Contraindications: Consult with Radiologist**
• glaucoma (narrow angle) and history of eye pain • acute porphyia • myasthenia gravis • megacolon • prostate enlargement with urinary retention • previous allergy or sensitivity reaction to hyoscine butylbromide (Buscopan®)	• Age (exclude patients less than 18 years of age) • Symptomatic with an elevated heart rate (not able to tolerate HR increased by 20 BPM for 1 hour). For example, unstable angina or poorly controlled congestive heart failure. • Recent cardiac surgery (Coronary Artery Bypass or Balloon Angioplasty) • Pregnant or breast feeding (should not be used, especially during the first trimester, as safety during lactation has not been established)

Date: _____ Patient/Substitute Decision Maker Signature: _____

Print Name: _____

MRT(MR) / RN: _____ (initial)

PART B: Anti-peristaltic Medication

hyoscine butylbromide 20 mg IV given at _____ (time) _____ (initial)

Second Dose: hyoscine butylbromide 20 mg IV given at _____ (time) _____ (initial)

MRT(MR) / RN

Signature	Initial	Print Name	Signature	Initial	Print Name