

Department of Diagnostic Imaging – MRI Patient Consent for Intravenous and Intramuscular Injection of Hyoscine Butylbromide (Buscopan™)

Buscopan™ reduces the peristalsis (wave-like contractions) of smooth muscle resulting in relief from spasms in certain organs in the digestive system and is used as an aid in your diagnostic test.

Buscopan™ may have the following known by-effects: blurred vision that is temporary, constipation, decreased ability to sweat, diarrhea, difficulty urinating, dizziness, dry mouth, fast heartbeat, flushing and nausea. These side effects are usually of lower grade. Very rarely allergic reaction may occur after the injection of Buscopan™ (eg. cutaneous eruption, respiratory and breathing troubles, in serious cases life-threatening reaction, anaphylactic shock).

Please answer the following questions: (please circle)

Untreated glaucoma? Yes No

Prostate enlargement causing urine retention problems? Yes No

Heart conditions? Yes No

Type of Condition(s): _____

Muscular weakness (Myasthenia gravis)? Yes No

Diagnosed colon enlargement? Yes No

Obstructive prostatic hypertrophy (enlarged or blocked prostate)? Yes No

Has it been diagnosed that you are allergic to Buscopan™? Yes No

Taking antidepressants? Yes No

Medication Name(s):

Taking a blood thinner medication? Yes No

Medication Name(s):

I have read and understand the above information and have had the opportunity to ask any questions and that these questions have been answered to my satisfaction.

I agree to be the administration of Buscopan™ for my exam.

Parent/Guardian: _____ Date: _____

Department of Diagnostic Imaging – MRI
Patient Consent for Intravenous and Intramuscular
Injection of Hyoscine Butylbromide (Buscopan™)

Technologist Name: _____

Patient Identification #: _____

Buscopan™ Lot Number: _____

Venipuncture Site:

- Left Antecubital Fossa
- Right Antecubital Fossa
- Intramuscular (I.M)

Buscopan™ reaction: (please circle) Yes No

Technologist comments:

Technologist Signature: _____

Date: _____