

Information on a reaction to CT contrast



Assume that today's date is 22 October 2026. You received Dr Westerman's letter requesting information on 20 October 2026. You are a senior radiographer in the Medical Imaging Department of a public hospital. Dr Jodie Westerman, a general practitioner, has written asking for details of a reaction her patient, Mrs Mele Uddin, had during a contrast-enhanced CT scan last week. Using the information in the case notes, write a letter to Dr Westerman describing the reaction, the treatment given in the department and recommendations for any future imaging involving contrast. Address the letter to Dr Jodie Westerman, General Practitioner, Family Medical Practice, 12 Main Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Reaction (15/10/26)			
1. Name: Mrs Mele Uddin	☐	☐	☐	21. Obs every 15 min: urticaria and eyelid swelling resolved by 1 hr 30 min	☐	☐	☐
2. DOB: 11/06/1979 (47 yrs)	☐	☐	☐	22. D/C 13:00 with husband; advised to call 000 if breathing difficulty or lip/throat swelling	☐	☐	☐
3. Referring GP: Dr Jodie Westerman	☐	☐	☐	23. Pt upset; told reception radiographer 'should have known' about her prawn allergy	☐	☐	☐
4. Exam: CT abdomen/pelvis with IV contrast, 15/10/26, 10:40	☐	☐	☐	24. Images diagnostic; formal report sent to GP 15/10	☐	☐	☐
5. Indication: persistent R iliac fossa pain 3/52	☐	☐	☐	25. Reaction entered in hospital record and adverse event reporting system	☐	☐	☐
Social background				Follow-up			
6. Lives with husband and 2 teenage children	☐	☐	☐	26. Phone call 16/10: rash fully resolved; no delayed reaction; no breathing problems	☐	☐	☐
7. Primary school teacher	☐	☐	☐	27. GP letter 20/10: requests details of reaction, treatment, future contrast safety; pt asks if she must avoid seafood	☐	☐	☐
8. Husband drove her to appt; complained to staff about cost of hospital parking	☐	☐	☐	Recommendations			
9. Enjoys gardening; sings in community choir	☐	☐	☐	28. Record as allergic-like reaction to iohexol (iodinated contrast) in GP record/My Health Record	☐	☐	☐
Medical history				29. All future imaging requests to state previous reaction + agent used	☐	☐	☐
10. Mild asthma: salbutamol PRN, last used 2/12 ago	☐	☐	☐	30. Consider non-contrast alternatives (US, MRI) where clinically appropriate	☐	☐	☐
11. Seasonal hay fever	☐	☐	☐	31. If iodinated contrast essential: radiologist review beforehand; different agent; perform at site with resuscitation facilities; premedication at radiologist discretion. Consider clinical immunology/allergy referral, particularly before elective repeat iodinated contrast	☐	☐	☐
12. Pre-scan screening: NKDA; reported allergy to prawns (hives)	☐	☐	☐	32. No specific cross-reactivity between shellfish and iodinated contrast; this reaction requires no additional seafood restriction; existing prawn allergy still requires avoidance	☐	☐	☐
13. Contrast CT chest 2022 (another hospital): no reaction reported; agent unknown	☐	☐	☐	33. Hx asthma/atopy (incl. food allergy) → ↑ risk of further contrast reactions	☐	☐	☐
14. Laparoscopic cholecystectomy 2019	☐	☐	☐	34. Pt given written contrast reaction card to carry	☐	☐	☐
15. eGFR > 90 (09/10/26)	☐	☐	☐	35. Dr Wadhwa available to discuss if required	☐	☐	☐
Reaction (15/10/26)							
16. Contrast: iohexol (Omnipaque 350) IV via R antecubital cannula	☐	☐	☐				
17. ~5 min post injection: itch, facial flushing, widespread urticaria (trunk, arms), bilateral eyelid swelling	☐	☐	☐				
18. No wheeze, stridor, throat tightness or voice change; SpO2 98% RA; BP 128/80, HR 96	☐	☐	☐				
19. Radiologist (Dr Nitin Wadhwa) attended; graded moderate allergic-like reaction	☐	☐	☐				
20. Oral non-sedating antihistamine (cetirizine) given; IV access maintained; adrenaline not required	☐	☐	☐				