



ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

**DISCHARGE INSTRUCTIONS-  
PATIENTS ON METFORMIN**

During your radiology procedure today you received contrast media in your vein.

DATE \_\_\_\_\_  
Date Day of week Time

If you are a diabetic currently taking Glucophage (Metformin) or medication containing Metformin, you must follow the instructions provided by your primary physician as to when you may restart this medication. The manufacturer recommends not taking this drug when you have a procedure using intravascular iodinated contrast media. Metformin should not be taken for 48 hours after the procedure. Your primary physician will tell you when you may start taking your Metformin again. *If you normally take other medications, you should continue to do so unless instructed otherwise by your physician.*

**Following your procedure today:**

Drink plenty of water for the next 48 hours to help clear the contrast media out of your body. Drink at least 8 glasses of water before drinking other liquids such as coffee, tea or soda.

Contact your primary physician **immediately** if you experience any of the following symptoms:

- feeling very weak or tired
- unusual muscle pain or weakness
- trouble breathing
- nausea, vomiting or stomach discomfort (pain)
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a change in your heart rate or rhythm

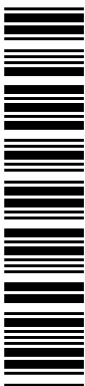
If you experience any of these symptoms contact your primary care provider. Inform them that you are taking Metformin and that you recently received contrast media in your vein during a radiology procedure.

If you have any further questions or concerns contact the Radiology Nurse at OHSU via the paging operator at 494-8211.

These discharge instructions related to Metformin have been explained to the patient/responsible party. I acknowledge that I understand these instructions. A copy has been given to the patient/responsible party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OHSU Diagnostic Imaging staff: \_\_\_\_\_ Date \_\_\_\_\_



NU2146



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**METFORMIN LETTER TO  
PRIMARY CARE PROVIDERS**

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*Patient Identification*

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

To: \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

From: OHSU Department of Diagnostic Imaging

RE: Your patient \_\_\_\_\_ (Patient Name)

Today the above named patient received intravenous iodinated contrast material. The patient reported that they are taking the medication Glucophage (Metformin) or a medication containing Metformin.

The manufacturer (Bristol-Meyers Squibb Company) recommends that Metformin be withheld for 48 hours following any procedure in which a patient receives intravascular iodinated contrast material. Once kidney function is found to be normal Metformin therapy can be started again. The American College Of Radiology supports this recommendation.

**This patient has been instructed to hold their Metformin for 48 hours.**

**Please contact the patient and schedule follow-up blood work (BUN/Creatinine) prior to instructing them to restart their Metformin.**

If you have any questions, please contact the radiology nurse via OHSU hospital paging system at (503) 494-8211.

A copy of this letter will be kept in the patient's OHSU medical record.

Respectfully, \_\_\_\_\_  
OHSU Dept. of Diagnostic Imaging