

## Protocol for Use of Iodinated Contrast Media in Radiology and Computerized Tomography

Non-ionic contrast will be used on all patients for specified intravascular contrast-enhanced imaging procedures unless otherwise specified by the radiologist and/or ordering provider. This policy outlines appropriate and cost-effective methodology for administering non-ionic iodinated contrast media to patients of the Medical Imaging Department.

### Procedure:

1. The type and dosage of the non-ionic contrast will be determined by the type of procedure ordered, patient age, and/or weight, and medical history.
2. Renal Function (Creatinine and GFR) tests will be performed within 48 hours of administration of iodinated contrast media on all Inpatients, Emergency Department patients and Observation patients who are 35 years and older. Outpatients who will receive intravenous iodinated contrast will have renal function (Creatinine and GFR) tests within 30 days preceding the exam only if they meet one of the following criteria:
  - a. History of renal disease (including solitary kidney, renal transplant and/or renal tumor)
  - b. Age 60 years or older
  - c. History of hypertension requiring medical therapy
  - d. Diabetes
  - e. History of hepatic disease, liver transplant and/or pending liver transport
  - **Note:** Anuric patients with end-stage renal disease are no longer at risk for CIN and may receive intravascular non-ionic contrast media without the risk of additional renal injury. Renal function screening is therefore no longer required for this population. Dialysis is not necessary within 24 hours.
  - Patients on dialysis with AKI (acute kidney injury) will receive dialysis within 24 hours of contrast injection
  - Patients on dialysis with a contrast allergy that have been premedicated will receive dialysis within 24 hours of contrast injection
3. Based on the reported eGFR, IV iodinated contrast will be administered using the following criteria:
  - a. Patients with an eGFR greater than or equal to 30 and no evidence of acute kidney injury (AKI) will receive regular iodinated contrast (i.e. Iopamidol (Isovue))
  - b. Patients with an eGFR lower than 30 or who have evidence of AKI **WILL NOT** receive contrast unless the radiologist approves prior to the study.

AKI is defined as:

    - Increase in serum creatinine by 0.3mg/dL or more within 48 hours **or**
    - Increase in serum creatinine to 1.5 times baseline or more within the last 7 days **or**
    - Urine output less than 0.5 mL/kg/h for 6 hours
4. All patients will be screened for previous reactions to contrast media. For patients with a previous contrast reaction, the Pre-Medication policy should be used.
5. Patients meeting these guidelines for IV contrast administration do not need to have Metformin withheld, unless they are undergoing a transcatheter arterial procedure which could result in emboli to the kidneys.

Ref: ACR Manual on Contrast Media Guide 2020  
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