

SOUTH HAVEN HEALTH SYSTEM
Radiology Department

TITLE: Guidelines for Administration of Intravenous Contrast

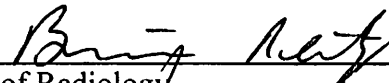
PURPOSE: To ensure proper procedures are followed when patients have decreased kidney function to prevent patient injury.

PROCEDURE:

1. For some truly emergent applications such as trauma, there may not be time to wait for screening results. The benefit risk ratio should be considered.
2. For patients with a GFR of 51-60 the need for IV contrast should be assessed. For those who need IV contrast, the patients should be hydrated prior to the scan. This can be done with IV or oral fluids per ER physician instructions. This is generally 500ml's given during the 1-2 hours pre-procedure. If able, drinking fluids orally or IV is acceptable.
3. For patients with a GFR of <50, the need for IV contrast should be assessed. If IV contrast is needed, these patients should generally get IV hydration. Other hydration can be substituted.
4. For patients with a GFR of 45-50, the need for IV contrast should be assessed. If IV contrast is needed, these patients should generally get IV hydration. Some influencing factors to look at include Diabetes, HTN and other chronic health issues.
5. For patients with a GFR <45 IV hydration would be required.
 - 500 ml's prior & 500 ml's post procedure on patients that don't have any cardiac issues.
 - Patients with cardiac issues can receive 150 ml's over 1hr prior to exam & 300 ml's post exam given over 2 hrs.
6. For patients with a GFR <30 no IV contrast should be used unless cleared with ROD (radiologist on duty).

DISTRIBUTION: Radiology Policy Manual

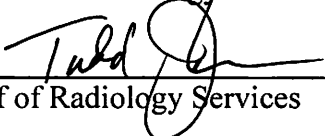
APPROVAL:



Director of Radiology

10-3-11

Date



Chief of Radiology Services

10/3/2011

Date

REVIEWED:
10/11

REVISED:
10/11

ORIGINATED:
4/07