

DEPARTMENTAL POLICY		DEPARTMENT(S) :	REVISION	POLICY #:
BASSETT HEALTHCARE NETWORK		Imaging	8-1/31/2018	008.I-RAD/I23
SPONSORED BY:	PREPARED BY:	APPROVED BY:	DATE ISSUED:	EFFECTIVE DATE:
Lynn Johnson, Network Director Imaging	Courtney Sullivan, RN	James C. Peters, MD Radiologist-in-Chief	4/20/2000	1/25/2023
TITLE:				PAGE:
Renal Function for Intravenous Contrast Media Injection				1 of 2

KEY WORDS

1. Iodine Contrast
2. Intravenous
3. IV
4. Creatinine
5. eGFR

A. GENERAL POLICY STATEMENT

This policy addresses the need to identify proper creatinine level and eGFR levels in Patients scheduled to receive intravenous iodine contrast media.

B. SCOPE

This policy pertains to monitoring and screening of Patients' creatinine levels of less than or equal to 1.0 for women and less than or equal to 1.3 for men and eGFR in CT/IVP.

C. ACCOUNTABILITY

This policy shall be administered, implemented and monitored by the Attending Radiologists, Imaging Nurses and Imaging Technologists.

D. PROCEDURE:

1. Patients, 60-years of age and older, having intravascular contrast injections will have a serum creatinine level within the last three months.
2. Patients with a history of diabetes or renal disease should have a creatinine level within the past month.
3. If a serum creatinine level is unavailable for an inpatient referred from the Emergency Department, then a decision should be made by the Radiologist and/or Clinical Practitioner to determine if the case should be performed without a serum creatinine level.
4. If an outpatient arrives without a valid serum creatinine level, and a creatinine level is required, a stat creatinine will be drawn and sent to the Lab for reference OR the serum creatinine level will be obtained using the I-STAT.
5. Personnel scheduling the examinations will notify the referring practitioner's office as to these guidelines.

Guidelines for Screening Prior to CT Scan:

1. Outpatients complete pre-contrast checklist including allergy/medication information. Verified in EPIC and allergies reviewed .
2. Inpatients and ER patients allergies, medications and creatinine levels and eGFR levels are verified in EPIC.
3. eGFR will be evaluated.
Values below 45 ml/min. will be reviewed by Radiologist/Practitioner for consideration.
4. If a creatinine clearance is requested:
 - a. Creatinine clearance will show in Epic header
 - b. If Creatinine clearance is not in the Epic header the technologist can enter the patient's weight into the Epic navigator. This will calculate creatinine clearance.

- c. Acceptable creatinine clearance is 40 ml /minute. Anything below this number will be reviewed by the radiologist/practitioner for consideration.

When eGFR and creatinine clearance are out of range options may include (to be determined by a Radiologist/Referring Practitioner):

- a. IV contrast dose reduction
- b. Hydration prior to the administration of IV contrast
- c. Omit the use of IV contrast
- d. Different imaging study
- e. Nephrology consult
- f. Cancellation of imaging procedure

After consultation is completed appropriate methodology will be carried out.

E. COMMUNICATION

Imaging Leadership will communicate this policy to Imaging Department Staff during their regularly scheduled meetings.

F. DISTRIBUTION

Policy will be placed online in the Policy & Procedure section of the Radiology Department Intranet Site. A hard copy will also be placed in the Imaging Department Policy and Procedure Manual located in the Diagnostic Imaging Work Area.

G. ENFORCEMENT

It shall be the responsibility of the Attending Radiologists, Imaging Leadership, Imaging Technologists and Imaging Nurses to ensure proper adherence to this policy.

H. REVISIONS

This policy shall be periodically reviewed and/or revised as needed by the Attending Radiologists, and/or Imaging Leadership.

REVIEWED AND APPROVED AS TO FORM AND CONTENT:

Radiologist-in-Chief
CT Section Chief