

February 7, 2020

To: Whom It May Concern:

Effective: Immediately

Subject: Policy for CT scans with Iodine Contrast Agents.

Purpose: Improve quality standard of care efficiency in providing patient safety measures.

The ACR contrast media guide states: "At the current time, there is very little evidence that IV iodinated contrast material is an independent risk factor for acute kidney injury in patients with eGFR at or above 30 mL/min/1.73 m². Therefore, if a threshold for contrast induced nephropathy risk is used at all, 30 mL/min/1.73 m² seems to be the one with the greatest level of evidence."

Medical Imaging Associates (MIA) policy regarding Iodine Contrast Agents for CT Scans is as follows:

1. Lab work is needed for patients 60 years of age and older, who are going to receive contrast.
 - a. Lab work is needed for patients under the age of 60 who have:
 - i. History of renal disease –including:
 1. Dialysis
 2. Kidney transplant
 3. Single kidney
 4. Renal Cancer
 5. Renal surgery.
 - ii. History of hypertension requiring medical therapy.
 - iii. History of diabetes mellitus.
 - iv. Patient taking metformin or metformin-containing drug combinations.
 - b. Lab results validity timeframes:
 - i. If the patient is an outpatient—lab results are accepted if performed within 90 days, prior to their exam.
 - ii. If the patient is an inpatient — lab results are accepted if performed within 7 days, prior to their exam.

2. Use Glomerular filtration rate (GFR) rather than Creatinine when looking at kidney function.
 - a. For patients with a GFR of 30 mL/min/1.73 m² or greater contrast can be administered.
 - b. For patients with a GFR of less than 30 mL/min/1.73 m² contrast will not be given, unless indicated by a Radiologist. Generally speaking, contrast will be considered in cases where the morbidity and mortality of the patient's condition outweighs the risk of contrast.
 - c. In emergency cases where the risk of delaying the CT scan is greater than the risk of renal function, contrast should be given without reference to GFR. Specific examples include trauma and brain attacks.
 - d. For a patient on dialysis who is anuric, contrast can be given without consulting a radiologist.
 - e. If the patient maintains some renal function, the case should be discussed with a Radiologist.

To continue to provide the utmost care for our patients, please apply these requirements to your workflow. Feel free to contact Dr. R. Bentley with any additional questions or concerns.

Medical Imaging Associates of Idaho Falls

Reference:

-American College of Radiology (ACR) Manual on Contrast Media- 2020