

PROTOCOL FOR: Contrast Media: Care of the Patient Receiving

- POLICY:
1. All patients will be screened for confirmed or suspected allergy to contrast media. Patients allergic to iodine or shellfish will be considered at higher risk for reaction to contrast media. If the patient confirms an allergy or is determined to have a high risk for an allergy to contrast media, the staff will refer to the Allergy to Contrast Media protocol.
 2. All patients will be screened for risk factors of radiocontrast induced nephropathy (RCIN):
 - a. suspected - hypertension, over the age of 60, abnormal liver function tests, and concomitant use of loop diuretics, diabetic.
 - b. confirmed - serum creatinine > 1.5 mg/dL, diabetic nephropathy, congestive heart failure, solitary kidney, multiple myeloma
 - c. history- total volume contrast media used, and repeat administration of dye in less than 48 hours.
 3. Low molecular weight, non-ionic contrast agents will be made available for use with patients at risk for developing RCIN, especially if positive for diabetes or baseline renal insufficiency.
 4. The RTR will notify the attending radiologist whenever the time period between administrations of contrast media is less than 5 days.
 5. The interventional radiologist will be notified regarding any diabetic patient on oral hypoglycemic agents that heighten the risk of lactic acidosis, including but not limited to Glucophage®/Metformin and medications that contain Metformin/Glucophage. The patient will be instructed not to take such agents the day of the procedure and for 48 hours following the procedure, pending return of normal renal function confirmed by laboratory results.
 6. Total amount of contrast dye used will be recorded in Stentor. The interventional radiologist will be notified when the amount of contrast media administered equals 120-140 cc/kg range in adults. The acceptable range for pediatrics will be calculated individually by the Radiologist and communicated to the nursing staff.

- DESIRED PATIENT OUTCOME
1. The patient will receive appropriate medication(s), safely administered during the periprocedural period.

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2. The patient's fluid, electrolyte, and acid-base balance are consistent with or improved from baseline levels. Effective hydration will be maintained for all patients who receive contrast media.
3. The patient/family demonstrates knowledge of the expected responses to the administration of contrast media and signs and symptoms of an allergic reaction to the contrast media.

CLINICAL ASSESSMENT Pre-procedure

- AND CARE
1. Assess for prior history of allergic reaction and risk for RCIN.
 2. Educate the patient on the expected or common side effects of IV contrast media: flushed/warm feeling in body especially in the groin and the feeling of the need to urinate.

Intra-procedure

1. Maintain IV access and adequate hydration.
2. Assess for initial signs and symptoms of allergic reaction to radiocontrast dye, especially within 5 - 30 minutes of contrast injection. If initial indications of allergic reaction are observed, notify Radiologist immediately and refer to Allergy to Contrast Media protocol.

Postprocedure

1. Care per post-procedure protocol unless otherwise ordered.
2. Provide discharge information about contrast reactions to ambulatory patients.

EFFECTIVE DATE: 10/92

REVISION DATES: 10/94, 1/98, 7/00, 10/03, 03/08