

**ST. JOHN'S**  
Hospital - Lebanon

Subject/Title: IV Contrast Administration in the Absence  
of a Radiologist

Effective: 6/03

Revision(s): 8/05, 9/05, 1/07, 3/07

Approved: \_\_\_\_\_

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**PURPOSE:**

To establish guidelines for ensuring proper conduct in providing patient care during an injection of Iodine contrast media in the absence of a Radiologist.

**POLICY:**

In order to provide services for patients who are in critical need of diagnostic examinations, all inpatients, emergency patients, and STATS will be performed as needed and as ordered. If an Iodine injection is involved and there is no Radiologist available, the following criteria will be used:

**PROCEDURE:**

1. Screen the patient for need of Creatinine and BUN values using the guidelines established by St. John's Lebanon Radiology. If values are above screening limits, **NO CONTRAST WILL BE USED.** A courtesy call will be made to ordering staff physicians to inform them of a change to a non contrasted Cat Scan exam.
2. Screen the patient for Iodine allergy. If an allergy is indicated, **NO CONTRAST WILL BE USED.**
3. During the injection, the Technologist is responsible for maintaining any existing IV lines and ensuring safe injection practices by monitoring the site for infiltration.
4. If the patient has a reaction to the Iodine Contrast, the patient is to be taken to the Emergency Department triage station for assessment and treatment as deemed necessary.

*If the patient refuses treatment, the patient must still go to triage first. From there the patient may check out AMA.*

**DOCUMENT REACTION**

1. On patient's Contrast History form
2. Complete an incident form
3. In Patient's Clinical Information section on Electronic Medical Record

The nearest **CRASH CART** available for **CAT SCAN** is in the **EMERGENCY DEPARTMENT**. The next available **CRASH CART** is in Nuclear Medicine, followed by MRI. Please note that Nuclear Medicine and MRI doors are kept locked at certain times.

ST. JOHN'S  
Hospital - Lebanon

Subject/Title: Diagnostic Imaging Agents

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Approved: \_\_\_\_\_

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Utilization of contrast material in diagnostic radiology is under the direction of the radiologist. Informed consent will be obtained prior to use of any invasive procedure contrast agents.

Consent forms are required with patient signature for examinations utilizing invasive procedure contrast media. One copy is scanned into the radiology record and one goes to Medical Records

Examples of such studies include but are not limited to: arthrograms, myelograms, venograms, MRI scans, CAT scans, and IVPs.

**Invasive Procedure Diagnostic Material Or Equivalent Available:**

- Hypaque 60%
- Cysto Conray
- Omnipaque 180
- Omnipaque 300
- Hexabrix
- Optiray 320 50ml, 125ml
- Optiray 300 100ml
- Optiray 240 125ml
- Optimark 10ml
- Optimark 20ml

**Non Invasive Procedure Diagnostic Material Available:**

- Gastroview
- Liquid EZ Paque
- Maxibar
- Liquid Polibar
- Hypaque Oral Powder
- EZ Gas Crystals

ST. JOHN'S  
Hospital - Lebanon

Subject/Title: IV Contrast Media Screening and Administration

Effective: 2/03

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Approved: \_\_\_\_\_

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**SCREENING PRIOR TO SCHEDULING EXAMINATION:**

• **Outpatients:**

A **Creatinine** and **BUN** within the last **TWO WEEKS** is required for the following:

1. Patients age 55 years old or older.

A **Creatinine** and **BUN** are required the day before or the day of the exam on the following groups of outpatients:

1. Diabetic Patients
2. Patients with Single Kidney
3. Patients with History of Urinary Tract Problems
4. Patients undergoing chemotherapy treatment within last 6 weeks
5. Patients with CHF – congestive heart failure

A **Creatinine** and **BUN** are required on patients that have Multiple Iodine Contrast based exams scheduled. Lab work is to be performed between each of the iodine exams.

• **Inpatients:**

A **Creatinine** and **BUN** drawn the day of, or the day before the exam, is required on in- patients.

1. **Creatinine Limit:** 1.5 or below
2. **BUN Limit:** Normal Range: 7-18

Patients who are diabetic and take Glucophage (Metformin) will need to withhold this medication the day of their procedure and remain off this medication for 48 hours after the exam. Per their physician, drug therapy can be started again. These patients are to be given a post instruction sheet to read and sign; one copy will be kept with the chart, one copy is forwarded to Medical Records, and the

other is for the patient. This instruction sheet directs the patient to contact their physician before starting their diabetic medication again.

**SCREENING PRIOR TO ADMINISTRATION:**

- Check the patient's chart for allergy precautions and contrast contraindications:
  - ☞ Sickle Cell Anemia
  - ☞ Renal Disease/Insufficiency
  - ☞ Multiple Myeloma
  - ☞ Bronchial Asthma
  - ☞ Hemolytic Anemia
  - ☞ Pregnant or Nursing Mother
  - ☞ Contrast enhancement will be decreased with the use of steroids.
- Question patient regarding any history of allergic reactions to medicines, seafood or contrast media.
- Make positive identification of contrast media before infusion. Check label before drawing up and again before injection. Use new needles and syringes.
- Make positive identification of the patient via two identification methods prior to the injection. (name and D.O.B. for example – NEVER use room number)

**AFTER ADMINISTRATION:**

- After injection, check the needle insertion point for infiltration or hematoma.
- Observe the patient for adverse reaction symptoms such as:
 

Vomiting	Skin rash	Itching
Numbness	Hives	Pain
Burning	Increased salivation	Flushing of the face
Fainting	Pallor	Chills
Shock	Increased tearing and nasal secretions	
- In the event of a reaction, notify the radiologist immediately. Document follow up actions and care on a Progress Record and place a copy in the Radiology jacket. Send one copy to Medical Records. Complete an incident report.
- Continually observe the patient until the patient's release.