**RUHS ED Radiology Guidelines: Quick Guide**

* Refer to the intranet for the full policy details. This quick guide is to be used as a supplement to the policy
* Order Cr and/or Pregnancy test when indicated at the time of study order and/or write in the study order the necessary information to avoid imaging delays

**IV contrast and Cr:**

* **GFR within 30 days of exam for all patients** ≥**60yo, diabetic and or on metformin or metformin-containing drug combinations**
  + **GFR ≥ 30mL/min: Ok for contrast**
  + **GFR < 30mL/min: No contrast unless benefit far outweigh the risk, determined by Radiologist**
* **If a recent creatinine is not available, the Ordering Provider will discuss with Radiologist regarding risks versus benefits of contrast.** **Radiologist will determine if contrast will be given.**
* Stroke and Trauma activations are treated emergently, and don't need a Cr prior to contrast
* The following is a suggested list of risk factors that may warrant renal function assessment (e.g., serum creatinine, GFR) prior to the administration of contrast
  + ≥60yo
  + History of renal disease, including:
    - i. Dialysis
    - ii. Kidney transplant
    - iii. Single kidney
    - iv. Renal cancer
    - v. Renal surgery
* History of hypertension requiring medical therapy
* History of diabetes mellitus
* Metformin or metformin-containing drug combinations
  + GLUCOPHAGE, GLUCOPHAGE XR, FORTAMET, GLUMETZA, RIOMET, metFORMIN + alogliptin (KAZANO), metFORMIN + canagliflozin (INVOKAMET); INVOKAMET XR®) metFORMIN + dapagliflozin (XIGDUO XR®) metFORMIN + empagliflozin (SYNJARDY®, SYNJARDY XR®) metFORMIN + glipiZIDE (METAGLIP®) metFORMIN + glyBURIDE (GLUCOVANCE®) metFORMIN + linagliptin (JENTADUETO®; JENTADUETO XR®) metFORMIN + pioglitazone (ACTOPLUS MET®; ACTOPLUS MET XR®) metFORMIN + repaglinide (PRANDIMET®) metFORMIN + rosiglitazone (AVANDAMET®) metFORMIN + sAXagliptin (KOMBIGLYZE XR®) metFORMIN + SITagliptin (JANUMET®, JANUMET XR®

**Pregnancy test:**

* **Exams where the exposure is not in the abdominal or pelvic area DO NOT NEED a pregnancy test**
* **Non emergent abdominal or pelvic area imaging for females 10-55yo: NEED a pregnancy test**
  + **XR, CT, fluoroscopy of hips, abdomen, pelvis and L spine**
* **Emergent exams (trauma, stroke, unstable): DO NOT NEED a pregnancy test**
* **If LMP is over 10 days, pregnancy test is required**
* If the patient is pregnant and receiving the above-mentioned tests:
  + XR tech will notify the provider. Provider will provide order guidance or approval to proceed with current exam order. The provider must contact the Radiologist to discuss and determine appropriate exam for the patient. If determined that CT is indicated, the Radiologist will personally advise the CT tech to proceed
* **Patients with IUD, contraception device or tubal ligation will follow the above protocol for pregnancy test as these methods are not 100% effective**
* **Pregnancy test can be waived if:**
  + **Hx of hysterectomy**
  + **Bilateral ovarian removal**
  + **Post menopausal (no menses ≥ 1 year and not on contraception)**

**Contrast Allergy Protocol:**

**1. Accelerated Premedication Regimen (requires 4-6 hours)**

* MethylPREDNISolone Succinate 40 mg IV every 4 hours (q4h) until contrast study required.
* DiphenhydrAMINE 50 mg IV, 1 hour prior to contrast injection. e. NOTE: IV steroids have not been shown to be effective when administered less than 4 to 6 hours prior to contrast injection.

**2. Elective 13-Hour Premedication Regimen**

* Prednisone 50 mg by mouth at 13 hours, 7 hours and 1-hour prior of contrast injection.
* DiphenhydrAMINE 50 mg, by mouth 1 hour prior to contrast injection.

**3. Emergency / rare clinical situations**

Emergency department patient or inpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium (e.g., iodinated) in who the use of 12- or 13-hour premedication is anticipated to adversely delay care decisions or treatment. In rare clinical situations (ie trauma patients) the urgency of a contrast enhanced examination may outweigh the benefits of prophylaxis, regardless of duration, necessitating that contrast medium be administered to a high-risk patient in the absence of premedication. **This is best made jointly by the radiology team, the referring service, and potentially the patient (if feasible). In such cases, a team of individuals skilled in resuscitation should be available during the injection to monitor for and appropriately manage any developing reaction**.