

GFR GUIDELINES FOR IODINATED IV CONTRAST

GFR GUIDELINES

- ≥30 mL/min – Administer contrast without consulting a radiologist.
- <30 mL/min ON dialysis – Administer contrast without consulting a radiologist. The timing of the next dialysis session does not matter.
- <30 mL/min NOT ON dialysis – Administer contrast only with the approval of a radiologist.
- Patients in acute kidney injury (AKI) whether or not on dialysis should not receive IV contrast unless approved by a radiologist.
- Use the 2021 CKD-EPI equation when calculating a GFR from an iStat device. See website https://www.kidney.org/professionals/KDOQI/gfr_calculator. Be sure to click on the pediatric version for patients less than 18 years of age.

OUTPATIENTS

- The following outpatients require a documented GFR within 30 days obtained either via a creatinine level, via an iStat device or based on an outside lab report:
 - History of renal disease – including remote AKI, current CKD, prior/current dialysis, renal transplant, kidney surgery (total/partial nephrectomy or tumor ablation), ureteral stent / nephrostomy placement, single kidney, renal cancer.
 - Diabetes mellitus (whether or not requiring medication).
 - Treatment with metformin-containing medications.

INPATIENTS & ER PATIENTS

- Inpatients and ER patients require a documented GFR within 24 hours (unless delaying contrast administration will delay an emergent examination).
- Stroke Alert CTAs can be performed without renal function testing with approval of an ED physician or neurologist (radiologist approval is not needed).

OTHER CONSIDERATIONS

- Visipaque has not been shown to be any safer than Omnipaque and has been removed from the Formulary by the Pharmacy department.