

## **CT CONTRAST IN INPATIENTS & ER PATIENTS**

### **GENERAL GUIDELINES**

- The radiologist reading the examination is the supervising specialist physician for the imaging examination. Radiology policies supersede ordering clinician preferences. Any deviation from Radiology departmental policies requires a discussion between the ordering provider and the supervising radiologist.
- The reason for any deviation from Radiology departmental policies must be documented on the technologist worksheet.

### **IV CONTRAST**

- The use of IV contrast improves the sensitivity and specificity for the detection/evaluation of many pathologies, including but not limited to infectious, inflammatory, neoplastic, traumatic and vascular conditions and aids in the assessment of complications related to many of these conditions.
- All inpatients and ER patients who undergo CT imaging of the abdomen, abdomen/pelvis or chest/abdomen/pelvis require IV contrast except when deemed not indicated by the supervising radiologist based on examination indication and patient history.
- Relative contraindications to IV iodinated contrast include:
  - Patients with renal dysfunction (follow GFR guidelines).
  - Patients with IV iodinated contrast allergy (unless premedication administered).
- Some indications that typically do not require IV contrast include renal/ureteral stones and retroperitoneal hemorrhage.

### **ORAL CONTRAST**

- The following inpatients and ER patients who undergo CT imaging of the abdomen, abdomen/pelvis or chest/abdomen/pelvis require oral contrast:
  - All pediatric patients <18 years of age (regardless of BMI).
  - Adult patients with a BMI <22.
  - Patients with any type of abdominal or pelvis surgery in the past 30 days.
  - Patients with prior surgery involving the small bowel or prior gastric bypass.
  - Patients with a history of abdominal pain lasting  $\geq 4$  weeks.
  - Patients with a history of inflammatory bowel disease (i.e. Crohns or ulcerative colitis).
- The following are relative contraindications to oral contrast:
  - Patients with oral contrast allergy (unless premedication administered).
  - Patients with severe vomiting or high-risk for aspiration.
- Some surgeons (particularly at Clay) prefer oral contrast be administered when bowel obstruction is a consideration.