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 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 that includes the abdomen 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.
 - \triangleright Patients with a history of abdominal pain lasting ≥ 4 weeks.
 - Patients with a history of inflammatory bowel disease (i.e. Crohn's 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 to be administered when bowel obstruction is a consideration.