

GFR GUIDELINES FOR GADOLINIUM IV CONTRAST

GENERAL GUIDELINES/COMMENTS

- All patients who are to receive IV gadolinium contrast must read the Patient Medication Guide and sign the acknowledgement form prior to receiving contrast. The patient's next of kin or power of attorney can do this if the patient is unable to read the guide.
- Patients in acute kidney injury and/or with a low GFR who are to receive gadolinium IV contrast do not need to sign an informed consent form and Nephrology approval is not required. If the patient is on hemodialysis, it is preferred that the patient receive IV contrast soon before the next scheduled dialysis. The dialysis schedule should not be adjusted otherwise.
- Per current research the risk for nephrogenic systemic fibrosis (NSF) when using group II agents (Clariscan, Gadavist, Dotarem, Multihance or Prohance) is sufficiently low to nonexistent. However IV contrast should administered only be used when essential and when CT or US cannot answer the clinical question.
- Group I agents (Omniscan, Magnevist and Optimark) are associated with NSF but are not used at any St. Vincents or Optimal Imaging location.
- 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.

PATIENTS RECEIVING CLARISCAN OR GADAVIST

- For patients receiving Clariscan or Gadavist (group II agents), GFR does not need to be checked on any patient regardless of patient history.
- However if a current GFR is available, use the following guidelines:
 - ≥30 mL/min – Use weight-based contrast (unless protocol calls for a specific dose).
 - <30 mL/min – Use weight-based contrast (unless protocol calls for a specific dose) only after approval by a radiologist.

PATIENTS RECEIVING EOVIIST

- For patients receiving Eovist (group III agent), GFR must be checked within 24 hours only for the following patients:
 - 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).
- Use the following GFR guidelines:
 - ≥30 mL/min – Use 10 mL Eovist per protocol.
 - <30 mL/min – Do not use Eovist unless approved by a radiologist.