

RADIOLOGY POLICY & PROCEDURE MANUAL

**RENAL FUNCTION PROPHYLAXIS
(Appendix A)**

- **Normal GFR (glomerular filtration rate) levels (greater than 50 mL/min /1.73m² BSA) can be utilized up to 7 days. Normal creatinine rates (<1.5) can be utilized up to 60 days.**
- Omnipaque 300® may be used for CT body examinations in patients with a creatinine level up to 1.5.
- Visipaque 320® is to be used on all CT angiography patients.
- If the patient is in **ACUTE** renal failure, consult the Radiologist for other non-contrasted imaging exam recommendations.
- The Radiologist may proceed with the exam at their discretion utilizing Visipaque® for GFR levels of less than 50 mL/min /1.73m² BSA) .
- The radiologist will decide any actions to be taken for serum creatinine levels 1.9 and above based on circumstances.
- For patients with elevated creatinine or decreased GFR pre-treatment may be given utilizing Acetylcysteine 600 mg (3 mL of 20 % solution) orally (or other enteral access) every 12 hours. Give 2 doses pre-procedure and 2 doses post-procedure. Dilute with 3 oz of any soft drink.
Hydration with Sodium Bicarbonate 150 mEq IV solution can be considered after consultation with the patient's physician.
- If the patient is in **CHRONIC** renal failure, the technologist or appropriate supervisor will contact the ordering physician to confirm the contrast order. You may proceed with the exam regardless of the next scheduled date for dialysis. (See Attachment – Contrast Nephrotoxicity for details)
- Web sites for calculating GFR: HDCN.com or NKF.org
**Attachments: Medco Forum Article – Visipaque Contrast
Contrast Nephrotoxicity**

Reviewed: April 2006