FISHER COUNTY HOSPITAL DISTRICT

Administration: Radiology	Policy # RAD03
Subject: Guidelines for Contrast Administration	Reviewed/Revised: 8/2026
Written:10/2016 Last Revised: 08/2026	Approved by Medical Staff: Date: 9/16/2026
	Approved by Governing Board: Date: 9/28/26

Purpose: To establish standardized laboratory screening and renal-function requirements for administration of intravenous iodinated contrast media for CT examinations, consistent with current American College of Radiology (ACR) guidance. Estimated GFR is preferred over serum creatinine value to identify patients at increased risk for acute kidney injury.

The decision to administer contrast in patients undergoing CT should always be a matter of clinical judgement, based on the individual circumstances of the patient and following consultation between the radiologist and requesting provider. Patients with chronic kidney disease are at risk of contrast-induced nephropathy, an uncommon but potentially serious form of acute kidney injury. The most important risk factory for contrast-induced nephropathy is renal insufficiency.

Policy:

- All patients (OP, IP, ER) receiving IV contrast are required to have current renal function labs within 30 days of exam.
- Exception: Labs may be bypassed per physician discretion regarding stroke/trauma patients. Physician signature is required before proceeding without current labs.
- Physician signature is required if eGFR value is below 45 mL /min/1.73m2.

Estimated GFR (mL/min/1.73m2)	ACR Guidelines for Contrast Administration
≥60 (Negligible Risk)	Proceed with IV contrast when clinically indicated.
45-59 (Low Risk)	Proceed with IV contrast when clinically indicated.
30-44 (Intermediate Risk)	Consider additional risk factors. Notify physician and obtain signature authorizing the use of contrast. Proceed with IV contrast when clinically indicated only once physician has been made aware of lab values and consents to use of contrast.
<30 (Higher Risk)	STOP Contrast administration not recommended due to risk of acute kidney injury. Physician will be notified of lab values. Physician signature is required if he/she chooses to have patient proceed with contrast exam.