

INSTRUCTIONS TO ORDERING PHYSICIAN

1. Complete this form for all contrast CT scan orders in inpatient units and DEM/MWI.
2. Ensure adequate hydration (oral and/or IV) prior to and following IV contrast administration.

Serum Creatinine: _____ mg/dL Calculated GFR: _____ mL/min/1.75m² Ordered on: _____
 Recommend Acetylcysteine or Sodium Bicarbonate if serum creatinine greater than or equal to 1.5 mg/dL.

DIABETICS: Hold Metformin for 48 hours after intravenous contrast and resume once serum creatinine is normal.

PREGNANT: Yes No CT exposes fetus and female breasts to X-Ray radiation. Consider Ultrasound, MRI or Nuclear Medicine prior to CT.

LACTATING: Yes No If yes, please withhold nursing for 24 hours after intravenous contrast.

CONTRAST CT PROCEDURE ORDER

CLINICAL DIAGNOSES: _____ WEIGHT: _____ kg

ALLERGIES/CONTRAST REACTIONS:

KNOWN RENAL DISEASE: ONE KIDNEY

- CT Head with contrast
- CT Neck with contrast
- CT Chest with contrast
- CT Abdomen/Pelvis with contrast
- CT Abd/Pelvis with contrast for Pancreas, Adrenals, Kidneys
- CT Pelvis only with contrast
- CT Chest/Abdomen/Pelvis with contrast
- CT Urogram only with contrast
- CT Angiogram with contrast (Site: _____)

INSTRUCTIONS TO CLERK/NURSE

1. Enter order in HIS
2. Upon receiving notification from CT tech, scan contrast order form to Pharmacy (for oral contrast, pick up the contrast from Pharmacy for STAT orders, otherwise the contrast will be delivered by Pharmacy at the next delivery time)
3. See the back side for appropriate imaging contrast, route of administration and dosage.

Provider Last Name (Print)	Beeper #
Provider Signature	Date & Time
Noted By	Date & Time
Transcribed By	Date & Time

PATIENT DATA - Imprint or Print Legibly

Name: _____

MRUN: _____

Date of Birth: _____

Ward or Clinic: _____

Req. Loc. Code: _____



T-OV2170

INSTRUCTIONS FOR PHARMACIST, NURSE OR RADIOLOGIC TECHNOLOGIST

Adult CT Imaging Contrast Administration Protocol*

Examination	Oral Contrast	Intravenous Contrast	
		GFR greater than 60 mL/min/1.75m ² (Two kidneys*)	GFR 45–59 mL/min/1.75m ² (Single or two kidneys*)
CT Head	None	B	F
CT Neck	None	B	F
CT Chest	None	B	F
CT Abdomen/Pelvis	A	C	G
CT Abdomen/Pelvis for Pancreas, Adrenal or Kidney	Administer 250mL water orally just prior to scan	C	G
CT Pelvis only	A	C	G
CT Chest/Abdomen/Pelvis	A	C	G
CT Urogram	None	D	H
CTA Brain and/or Neck	None	C	G
CTA Pulmonary Embolus	None	B	G
CTA Thoracic and/or Abdominal Vessel or Aorta	None	C	G
CTA Peripheral Vessel	None	E	Consult Radiologist
CTA Coronary/Cardiac	None	B	Consult Radiologist

* For **GFR less than or equal to 44mL/min/1.73m²**, consult Radiologist for iodinated contrast administration.
 For patients with **renal failure undergoing dialysis**, administer iodinated contrast as for GFR ≥ 60 mL/min/1.73 m² prior to scheduled dialysis.

CONTRAST AGENTS (Serial Alphabet, Name, Concentration, Dose and Route of administration)

- A. Diatrizoate meglumine/diatrizoate sodium solution (MD-Gastroview) 367mg Iodine per mL:** Mix 30mL in 970mL of water. Administer 3 cups (750mL) orally over 45 minutes and 1 cup (250mL) just prior to the scan.
- B. Iohexol 350 mg Iodine per mL (Omnipaque 350):** Administer 100 mL IV bolus at the time of the CT scan.
- C. Iohexol 350 mg Iodine per mL (Omnipaque 350):** Administer 120 mL IV bolus at the time of the CT scan.
- D. Iohexol 350 mg Iodine per mL (Omnipaque 350):** Administer 120 mL IV and 200 mL saline per split bolus protocol.
- E. Iohexol 350 mg Iodine per mL (Omnipaque 350):** Administer 150 mL IV at the time of the CT scan.
- F. Iodixanol 320 mg Iodine per mL (Visipaque 320):** Administer 75 mL IV bolus at the time of the CT scan.
- G. Iodixanol 320 mg Iodine per mL (Visipaque 320):** Administer 100 mL IV bolus at the time of the CT scan.
- H. Iodixanol 320 mg Iodine per mL (Visipaque 320):** Administer 100 mL IV and 200 mL saline per split bolus protocol.