**CT and X-ray IV Contrast Policy Updates**

**Situation:**

* Effective December 1st, 2016, Imaging will begin using GFR lab values (instead of creatinine values) to determine whether IV contrast is appropriate to give patients during their CT and X-ray exams.
* The GFR levels used to determine IV contrast administration will be:
	+ GFR ≥ 30: contrast will be given per exam protocol
	+ GFR < 30: contrast not given unless ordering physician or radiologist deem it necessary to deviate due to patient condition

**Background:**

* Many hospitals (including OHSU and Providence) have already made the switch from creatinine to GFR levels when determining whether IV contrast is appropriate.
* Salem Health will continue to utilize the American College of Radiology guidelines when determining which patients a GFR level prior to IV contrast administration.
* Updated policy has been approved by Salem Radiology Consultants, who have also discussed with Nephrology.

**Assessment:**

* Imaging conducted a chart review of over 100 patients to compare whether shifting to using GFR levels would have an impact on if the patient would have received IV contrast. During this review, it was determined that all patients who received IV contrast based on their creatinine levels would have also received IV contrast based on their GFR levels and it would also offer the possibility to give contrast to a few additional patients (per the new policy which is attached).

**Recommendation:**

* Start utilizing GFR levels (per the attached policy) to determine if the patient should receive IV contrast for their CT or X-ray exam.