

Contrast Induced Nephropathy - What to be aware of when referring patients for MRI or CT who are at risk

Contrast Induced Nephropathy (CIN) is an acute decline in renal function occurring 24-48 hours after administration of intravascular contrast medium resulting in an increase in serum creatinine of >25% of baseline.

Patients requiring the administration of MRI contrast medium or radiographic intravascular contrast medium must be assessed by the referring physician and/or the imaging team for the risk of developing CIN.

We have developed a new separate requisition for CT and MRI exams in order to identify and determine whether a patient is at risk.

In addition, our technologists and clerical booking staff will be educated and trained on identifying high risk patients and ensuring that all precautionary steps are taken to reduce the risk of a patient developing CIN.

Please note the section in our new requisitions that asks the referring physi-

cian to identify their patient's potential risk factors, and provide renal function test results when present. In order for us to book the appointment we will look for a response YES / NO to the risk indicators on the requisition.

Thank-you for helping Diagnostic Imaging staff and radiologists keep our respective patients safer. For more information please visit:

www.car.ca/Standards & Guidelines/guidelines/Consensus Guidelines for the Prevention of CIN

Risk Factors for Developing CIN (Contrast Induced Nephropathy)

1. Renal Disease
2. Diabetes Mellitus
3. Sepsis or Acute Hypotension
4. Dehydration
5. Multiple Myeloma
6. Age > 70 years
7. Single kidney
8. Cardiovascular disease
9. Nephrotoxic drugs
10. Type, osmolality, of contrast agent

We realize that when you order an MRI or CT scan you don't know what imaging protocol the radiologist will order for your patient. Each requisition and patient history is reviewed by a radiologist prior to booking an appointment ; it is at this stage that we know if an injection of contrast material is required. In the presence of one or more risk factors for developing CIN or NSF results for Serum Creatinine and Estimated Glomerular Filtration Rate must be known by the radiologist prior to injection. Results should be within 30 days for patients with stable renal function otherwise within 7 days. Renal protection guidelines will be followed for at risk patients who need an injection .

Hospital Closure Days

We have planned for continuation of Essential Services

The hospital will be reducing service on ten weekdays throughout the year. Essential services that support the care of patients in our Emergency Room, Inpatient units and Outpatient community will not change.

Services will be reduced on the following days.

July 2nd and 3rd

August 10—14

October 19 and 20

November 6

Should a physician need to refer an urgent diagnostic study they should write **urgent** on the requisition and/ or call ahead as per usual practice.

During the closure days we will redirect patients, if asked, to an alternate provider for routine x-ray .

CardioRespiratory and DI Patient Registration now at the same Reception Desk

As of May 4, 2009, patients who are coming in for a CardioRespiratory test will register at the same desk as for Diagnostic Imaging.

New signs have been posted in the hallways leading to the Registration desks. As well, the Diagnostic Imaging desk has a new sign indicating exactly all tests that patients can register for at this desk.

These changes will make it much easier for patients to find their way and register. It will also eliminate the need to register at two separate stations in the instance a patient has both a DI and CardioRespiratory exam booked. The appointment booking line for both DI and CardioRespiratory is still the same at 905-472-7020.