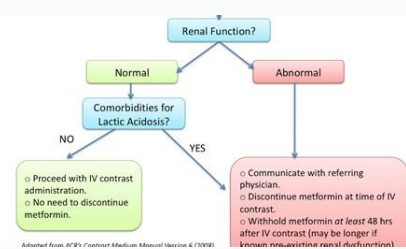
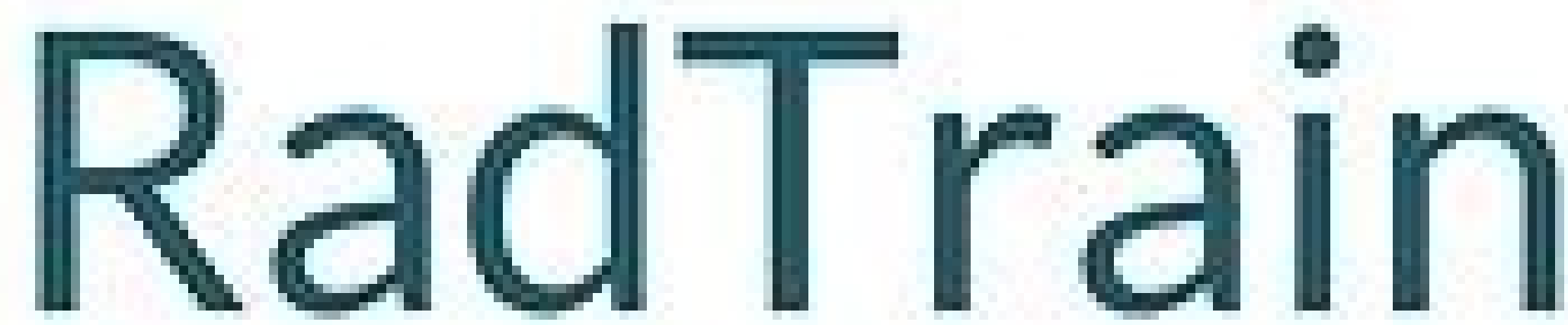
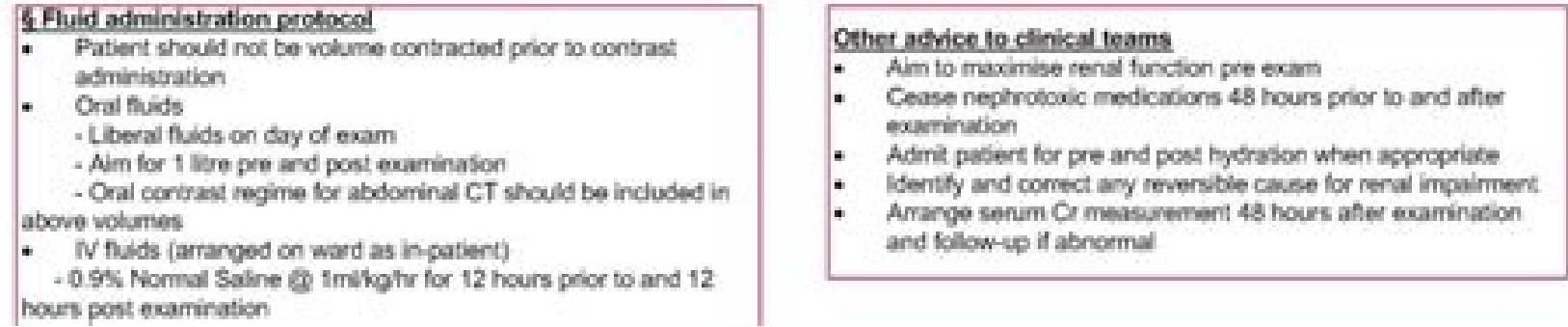


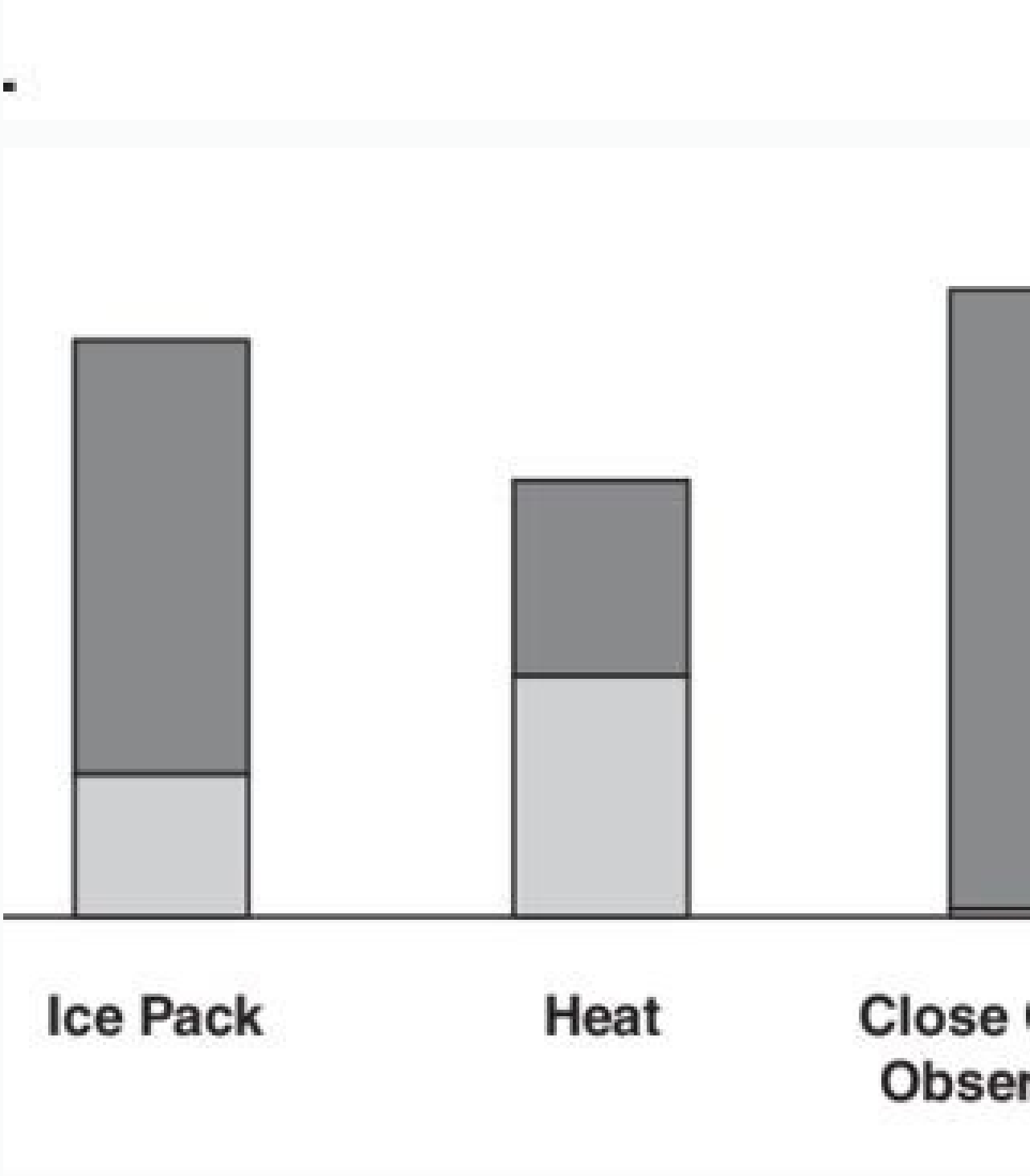


- **Risk factors**
- Underlying chronic renal impairment (plasma creatinine >132 mmol/L)
- Dehydration
- Diabetes Mellitus (Type I or II) +
- Intra-arterial contrast administration
- Large doses of contrast and repeated doses of contrast
- Dehydration
- Sepsis
- Myeloma
- Age >70 years
- Use of nephrotoxic medications
- Cardiac failure
- Hypertension
- Gout
- Previous renal surgery/ solitary kidney
- Previous chemotherapy
- Organ transplantation
- Cirrhosis of the liver



Answer Options

1.0 mL/s	2.0 mL/s	3.0 mL/s	4
0	5	10	
1	9	16	
2	21	28	
13	37	14	
24	9	2	



Contrast administration guidelines acr.

17 May 2022 The Royal Australian and New Zealand College of Radiologists (RANZCR) is aware that there is an Australian and global shortage of iodinated contrast media (contrast). Omnipaque and Visipaque are manufactured by GE Healthcare, which is the primary supplier of contrast media in Australia. Due to the current outbreak of COVID-19 and subsequent lockdown in Shanghai affecting the GE Healthcare manufacturing plant, supply of contrast has been impacted. Read position statement 14 March 2018 The Iodinated Contrast Media Guideline is intended to assist RANZCR, its staff, Fellows, members and other individuals involved in the administration of iodinated contrast media to patients undergoing medical imaging procedures. A typographical error was identified in the dosage of adrenaline in Recommendation 56 of the Iodinated Contrast Media Guideline, specifically the use of “mg” rather than “microgram”. The document was immediately removed from the RANZCR website whilst a review was completed. The error has been amended and the Iodinated Contrast Media Guideline has now been republished. Recommendation 56 has been amended to now read: R1. Adrenaline 1:1000 contains 1 000 micrograms in 1mL (1mg/mL). The volumes of adrenaline recommended for adults and children approximate to 5 to 10 microgram/kg. Children’s weights are approximate for age. Repeated doses may be necessary. If you have any questions regarding this matter, please forward them This email address is being protected from spambots. You need JavaScript enabled to view it. Please find the Iodinated Contrast Media Guideline V2.3 here. Download pdf - 2.3MB This Iodinated Contrast Media Guideline is intended to assist The Royal Australian and New Zealand College of Radiologists®, its staff, Fellows, members and other individuals involved in the administration of iodinated contrast media to patients undergoing medical imaging procedures. Some of you may have seen this document from the College of Radiology (free download). Of particular interest is the turn-around regarding contrast induced nephropathy.The summary of the new recommendations are below (see page 14). In particular, note the bolded ones:R4. Intravascular iodinated contrast media should be given to any patient regardless of renal function status if the perceived diagnostic benefit to the patient, in the opinion of the radiologist and the referrer, justifies this administration.R5. Emergency imaging procedures requiring contrast media administration e.g. acute stroke, acute bleeding, trauma etc. should not be delayed in order to obtain renal function testing results prior to the procedure.R6. The risk of intravenous contrast media related acute kidney injury (CI-AKI) is likely to be non-existent for patients with eGFR greater than 45 mL/min/1.73m2.No special precautions are recommended in this group prior to or following intravenous administration of iodinated contrast media.R7. The risk is of intravenous CI-AKI is also very likely to be low or non-existent for patients with eGFR 30 - 45 mL/min/1.73m2. Universal use of periprocedural hydration in this group to prevent the theoretical risk of CI-AKI cannot be recommended but patients with impaired function in this range that is acutely deteriorating rather than stable may benefit from this intervention.R8. In patients with severe renal function impairment (eGFR less than 30 mL/min/1.73m2) or actively deteriorating renal function (acute kidney injury) careful weighing of the risk versus the benefit of iodinated contrast media administration needs to be undertaken. Consideration should be given to periprocedural renal protection using intravenous hydration with 0.9% saline (see relevant section). However, severe renal function impairment should not be regarded as an absolute contraindication to medically indicated iodinated contrast media administration.Next time your friendly radiology registrar gives you a hard time, you can give give them some of their own medicine.Danny Ben-Eli

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