

## IV Contrast Dosages and Type based on Creatinine/eGFR

CT Chest Routine:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	80ml Omnipaque 350
eGFR 30-44.9:	60ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR $<$ 30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CTA Chest, Chest/Abdomen/Pelvis or PE Study:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR $<$ 30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CT Abdomen, Abdomen/Pelvis, Pelvis, Urogram Routine:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR $<$ 30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CTA Abdomen, Abdomen/Pelvis:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CT Renal/Adrenal/Liver/Pancreas:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CT Head, Face, Temporal Bones, STN:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	80ml Omnipaque 350
eGFR 30-44.9:	60ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CTA Head, Neck, Head/Neck:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CTA Upper Extremity, Lower Extremity:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	100cc Omnipaque 350
eGFR 30-44.9:	80ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CT Cervical, Thoracic, Lumbar Spine:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
eGFR $\geq$ 45:	80ml Omnipaque 350
eGFR 30-44.9:	60ml Visipaque 320 In-Patients & ED Patients-IV Hydration preferred. Do not delay exam for hydration Outpatients + Oral Hydration Protocol
eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

CT Upper Extremity, Lower Extremity:	Higher or lower volumes may be used if the protocol states that the volume may be adjusted for patient weight.
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eGFR<30 and <b>NOT</b> on hemodialysis:	Seek alternative imaging methods, or dry study. If emergent study is necessary, this would require radiologist to physician communication for protocol and documentation that benefits outweigh risks.

**Related Documents:**

<i>Policy</i>	List primary guiding Policy
<i>Procedure</i>	List primary guiding Procedures

**INTRAVENOUS TITRATION PROTOCOLS - PEDIATRIC (AGE 0-18YRS)**

	Concentration (mg Iodine/mL)	Volume (mL)
<b>HEAD AND BODY</b>	Omni 300	2mL per kg body weight
<i>*Amounts calculated according to MANUFACTURERS GUIDELINES</i>		
<i>*Omnipaque 300 - Injectable Contrast Media</i>		
<i>* 1 kg = 2.2 lbs for calculation of injected Contrast Media</i>		
<i>*Maximum single dose = 116 mL</i>		
<i>*eGFR calculated by Bedside Swartz Calculator (0-18yr old)</i>		