



GADOLINIUM SCREENING

**TO BE PERFORMED BY SCHEDULING DEPARTMENT PRIOR TO ALL CONTRAST
ENHANCED MRI'S AND CONFIRMED BY TECHNOLOGIST PRIOR TO EXAM**

THE ACR CONTRAST COMMITTEE AND THE SUBCOMMITTEE FOR MR SAFETY MEMBERS NOW RECOMMENDS, AS OF JULY 2007, PRE-SCREENING PATIENTS PRIOR TO THE ADMINISTRATION OF GADOLINIUM-BASED MR CONTRAST AGENTS (GBMCA).

IT IS RECOMMENDED THAT PRIOR TO ELECTIVE GADOLINIUM BASED MR CONTRAST AGENT (GBMCA) ADMINISTRATION, A RECENT (E.G., LAST 6 WEEKS) GLOMERULAR FILTRATION RATE (GFR) ASSESSMENT BE REVIEWED.

SCHEDULING PATIENT QUESTIONNAIRE:

IF A PATIENT HAS A HISTORY OF ANY OF THE FOLLOWING A CREATININE LEVEL MUST BE AVAILABLE FOR REVIEW BY THE MRI TECHNOLOGIST DATED NOT MORE THAN 6 WEEKS PRIOR TO EXAM.

1. RENAL DISEASE (INCLUDING SOLITARY KIDNEY, RENAL TRANSPLANT, RENAL TUMOR)
2. AGE >60
3. HISTORY OF HYPERTENSION
4. HISTORY OF DIABETES

FOR PATIENTS WITH A HISTORY OF THE FOLLOWING, CREATININE LEVEL MUST BE AVAILABLE DATED NO MORE THAN ONE WEEK PRIOR TO EXAM:

- A. HISTORY OF SEVERE HEPATIC DISEASE/LIVER TRANSPLANT/PENDING LIVER TRANSPLANT.

IF PATIENT ANSWERS NO TO ALL QUESTIONS, MRI EXAM MAY BE SCHEDULED WITHOUT DELAY

IF PATIENT ANSWERS YES TO ANY OF THE ABOVE REFER CASE TO MRI TECHNOLOGIST WHO MUST OBTAIN CREATININE AND CALCULATE GFR UTILIZING SLIDE RULE.

TECHNOLOGIST:

FOR PATIENTS ANSWERING YES TO QUESTIONS 1-4:

IF GFR IS <30 ML/MIN/1.73M² THEN THE PATIENT CANNOT RECEIVE GADOLINIUM AND NONCONTRAST EXAM OR ALTERNATIVE MODALITY MAY BE CONSIDERED. DISCUSS WITH REFERRING PHYSICIAN.

IF GFR IS BETWEEN 30-60 THEN PERFORM MRI CONSENT.

IF GFR IS GREATER THAN 60, PERFORM MRI CONSENT.

IF PATIENT ANSWERED NO TO ALL QUESTIONS ABOVE HOWEVER CREATININE IS INCIDENTALLY AVAILABLE, FOLLOW ABOVE GUIDELINES WITH THE EXCEPTION OF GFR >60 IN WHICH NO CONSENT IS NECESSARY.

*FOR PATIENTS ANSWERING YES TO QUESTION A, IF GFR IS BELOW 60 CONTRAST MAY NOT BE ADMINISTERED.

CREATININE: _____ GFR: _____

TECHNOLOGIST SIGNATURE: _____

DATE: _____