

BWH Radiology Documentation

Document Number
7.4.3SOP

Title		
Contrast Administration - Contraindications for Gadolinium-chelates Contrast Material		
Document Type	Revision Code	Page Number
Standard Operating Procedure	B	1 of 3
PRESUMES PRACTITIONERS KNOWLEDGE OF: (title)	SPECIAL NOTES	
3.6.18SOP - MRI - Policy for Imaging Pregnant Patients	ABSOLUTE CONTRAINDICATIONS: NA EXPOSURE: NA PROTECTIVE EQUIPMENT: NA PATIENT/FAMILY EDUCATION MATERIALS: NA EQUIPMENT: NA	

1.0 PURPOSE

- 1.1 To provide guidelines determining situations that are considered relative or absolute contraindications for the use of Gadolinium-chelates contrast material.

2.0 SCOPE

NA

3.0 RESPONSIBILITIES

NA

4.0 DEFINITIONS

NA

5.0 POLICY / PROCEDURE

5.1 Gadolinium-chelates

5.1.1 The following are considered relative or absolute contraindications for the use of Gadolinium-chelates

5.1.2 History of prior severe reaction to GbCM.

5.1.2.1 Consider the following:

5.1.2.1.1 Alternative studies without GbCM

5.1.2.1.2 Pretreatment with corticosteroids followed by alternative GbCM.

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5.1.2.1.3 Pretreatment with corticosteroids followed by same GbCM

5.1.2.1.4 Alternative GbCM

5.2 Pregnancy

5.2.1 See 3.6.18SOP regarding the imaging of pregnant patients

5.2.2 GbCM should be administered to pregnant patients with caution because their safety for the fetus has not yet been proven and may be harmful. Gadolinium-based MR contrast agents pass through the placental barrier and enter the fetal circulation.

5.2.3 Gadolinium may be indicated if;

5.2.3.1 The information requested from the MRI study cannot be acquired without the use of IV contrast or by using other imaging modalities

5.2.3.2 The information needed affects the care of the patient and fetus during the pregnancy

5.2.3.3 The referring physician is of the opinion that it is not prudent to wait to obtain this information until after the patient is no longer pregnant

5.3 Use of Contrast Agent for MRI imaging of pregnant patients

5.3.1 MR contrast agents should not be used during pregnancy unless an enhanced MR investigation is essential, and no suitable alternative is available. The radiologist should determine when to administer contrast to the pregnant patient; a decision should be made after review of the pre-contrast images and the following has been determined;

5.3.1.1 The info requested from the MRI study cannot be acquired without the use of IV contrast or by using other imaging modalities

5.3.1.2 The information needed affects the care of the patient and fetus during the pregnancy

5.3.1.3 The referring physician is of the opinion that it is not prudent to wait to obtain this info until after the patient is no longer pregnant

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REVISION SHEET

DATE	REV	REVIEWED / REVISED / APPROVED	BY
6/20/2006	-	Initial Approval	Pharmacy & Therapeutics Comm.
9/18/2007	-	Annual Reviewed	OSC Comm.
4/28/2008	-	Annual Review	OSC Comm.
6/15/2009		Annual Review	OSC Comm.
7/10/2009	A	Change to New Template	Duncan Phillips
7/16/2009	A	Reviewed	E. Bozadjian
7/20/2009	B	Section 5.2 updated and 5.3 added from 3.6.18SOP	S. Hooton

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