



CLINICAL POLICY

Role of the Radiologist in the Ordering and Administration of Contrast Agents

A. EFFECTIVE DATE :

June 30, 2021

B. PURPOSE :

The purpose of this policy is to outline formulary and distribution considerations related to use of contrast.

C. POLICY :

Contrast will be handled according to the procedure below.

D. SCOPE :

Applies to areas of UConn John Dempsey Hospital where contrast is used.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. Contrast agents are purchased by the Pharmacy Department and distributed to the Radiology Department via Pyxis generated refill requests.
2. Requests for contrast agents new to formulary must be submitted to the Pharmacy and Therapeutics Committee for evaluation.
3. Radiology maintains a record of contrast protocols, which describes accepted indications, dosing, administration methods, and monitoring requirements.
 - a. The radiology technician and/or LIP review the patient specific protocol questionnaire prior to administration of contrast agents.
4. A radiologist will be available within the Radiology Department in the event of a patient emergency involving the injection of contrast agents.
5. The radiology technologist monitors the patient visually and through verbal communication when administering contrast.
6. The technologist will notify the LIP if there are changes in the patient's condition during the procedure. Adverse events are reported via the electronic safety reporting system (Safety Intelligence) and are reviewed by the Pharmacy and Therapeutics Committee.

H. ATTACHMENTS :

None

I. REFERENCES :

Joint Commission Standard Medication Management Standards

Kienle P, Uselton J. Maintaining compliance with Joint Commission medication management standards. Patient Safety & Quality Healthcare. July/August, 2008. Available at: <http://www.psqh.com/julaug08/medication.html>. Accessed May 20, 2021.

J. SEARCH WORDS :

Radiology, Formulary, Contrast

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

Pharmacy and Therapeutics Committee

N. FINAL APPROVAL :

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u> Andrew Agwunobi, MD, MBA UConn Health Chief Executive Officer | <u>07/21/2021</u> Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u> Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair | <u>07/21/2021</u> Date |
| 3. <u>Scott Allen, MD (Signed)</u> Scott Allen, MD Clinical Policy Committee Co-Chair | <u>07/14/2021</u> Date |
| 4. <u>Caryl Ryan (Signed)</u> Caryl Ryan, MS, BSN, RN Interim Chief Operating Officer, JDH VP Quality and Patient Services & Chief Nursing Officer | <u>07/12/2021</u> Date |

O. REVISION HISTORY :

Date Issued: 11/15/09

Date Revised: 01/13/2016, 11/27/17

Date Reviewed: 11/15/09, 01/13/16, 5/20/21