

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

No: MRI-8A

Subject: CONTRAST –INFILTRATES

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Prepared by: Vincent Monte

Original Issue Date: 4/2000

Reviewed by: Donna McKenzie, EMBA.,

Supersedes: 5/2008

Effective Date: 2/2016

Reviewed 1/2019

T.J.C. Standards MM 06.01.01 The hospital safely administered medication EP.7)

NPSG 2 (02.03.01) Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

EC.01.01.01 (EP.3) Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks

Approved by: Deborah Reede, M.D

Related Policies (PHA-20) Management of Extravasation Injuries
(RM-1) Incident Reporting

Harry Zinn, M.D.

Issued by: Radiology Department

I. PURPOSE

To provide guidelines for treatment of intravenous contrast extravasation

II. DEFINITIONS

III. POLICY

All contrast extravasation events should be documented in the patient's medical record and the Radiology Information System (R.I.S).

All contrast extravasation will be documented on a patient incident report and forwarded to Risk Management. Documentation will include the following:

- Location of the IV line insertion
- Amount and type of *Contrast Infiltrated*
- Size /Gauge of the IV needle

IV. RESPONSIBILITIES

CT/ MRI Technologist, Radiology Residents, Radiology PA. Radiologist

V. PROCEDURES /GUIDELINES

Contrast injections which have been infiltrated will be immediately stopped

1. The Radiology Resident or Attending will be call to evaluate the patient
2. The resident or attending radiologist will determine the treatment i.e. cold or warm compresses
3. The Resident Attending Radiologist will contact the referring /ordering physician and inform him/her of the incident
4. If the referring/ordering physician cannot be reached, the nurse in charge of the patient will be informed of the incident

VI. ATTACHMENTS:

- *CT/ MRI Contrast Media Order Form*
- *Informed consent – MRI Scan with Intravenous Contrast Injection*

VII REASON FOR REVISION:

Review

VII REFERENCES:

- *UHB Policy (PHA-20)* <http://www.downstate.edu/regulatory/pdf/policies/PHA-20.pdf>
- *(RM-1)* <http://www.downstate.edu/regulatory/pdf/policies/RM-01.pdf>

Date Reviewed	Revision Requi (Check One)		Responsible Staff Name and Title
4/2000	Yes		James Shanahan, Director, Radiology Department
5/2008	Yes	No	James Shanahan, Director, Radiology Department
2/2016	(Yes)	No	Vincent Monte, Assoc. Director Radiology Department
1/2019		No	Vincent Monte, Assoc. Director Radiology Department