

Suggested Grid for Managing eGFR/Creatinine as they relate to Contrast CT for ED patients

A collaborative decision grid produced by Diagnostic Imaging, Emergency Medicine & Nephrology

This grid is to be used as a visual aide regarding eGFR calculation (creatinine) before obtaining a Contrast CT study. It also includes recommended action in each case, so please make sure you read the "Important Notes":

	Emergent/Life Threatening	Non-Emergent or Life Threatening Any History of DM, Kidney Disease (incl. Transplant) or Use of Metformin?			
	e.g. AAA leak, Dissection, high risk PE, ischemic limb, unstable patient, etc.	No	Yes	Anuric Dialysis	Non-anuric Dialysis with >100cc of urine/d
Guideline on eGFR before contrast CT		Perform CT No need for prior eGFR.	eGFR >45: Perform CT	Perform the CT. No eGFR or further arrangement required	Perform the CT.
	Perform CT Do study without delay, regardless of eventual eGFR		eGFR 30-44: Perform CT with peri-CT hydration eGFR<30: Individualized decision. Consider risk vs benefit & alternate studies in consultation with the Radiologist. Not absolute		Patient requires Dialysis (HD or PD) within 12 to 24hr. If patient's regular Hemodialysis is not within 24hrs, then contact nephrologist on call (by phone or Vocera if available) so that HD can be arranged by nephrology.
Important Notes	Perform Peri-CT hydration for acutely sick patients, especially if eGFR proves to be <45	If eGFR later proves to be <45, perform peri-CT hydration	contraindication Recent eGFR can be used if it is clinically likely there has been no deterioration (no fixed time, based on clinical judgment)	Do not delay the study purely to contact nephrologist. Call should be made in morning if after 11pm. Nephrology will contact the patient to arrange dialysis. Inform the patient of the importance of following up with the dialysis Unit, if discharged, to arrange Hemodialysis (if needed) within 24hr.	