IMPLEMENTATION OF POLICY ON THE PREVENTION OF CONTRAST INDUCED NEPHROPATHY (CIN)

AUDIT DESCRIPTION
Audit of evidence of implementation of effective policy of protection of patients from contrast induced nephrotoxicity (CIN) following radiological examinations, using intra-venous (iv) iodinated contrast media.

Standard
There should be a clear written policy in place, which defines how patients undergoing contrast administration should be identified as being at risk of, and protected from potential kidney damage, and this policy should be effectively implemented.

SOURCE OF STANDARD
Radiological and nephrological international guidelines and literature

IMPORTANCE
CIN is a widely recognized and clinically significant problem in patients undergoing radiological examinations, and is the third most common cause of hospital-acquired renal failure, having significant prognostic implications on patient outcomes.

TARGET
100% of patients at risk of CIN should be correctly identified and appropriately managed

INDICATOR
% of patients at risk of CIN appropriately managed

DATA TO BE COLLECTED
Retrospective review of radiological and biochemical records of patients undergoing contrast injections in radiology department and medical records correlation where necessary

SAMPLE:
100 consecutive in-patients undergoing a iv contrast media radiological examination. Data may be collected prospectively or retrospectively

METHOD
Review of local data

SUGGESTED ACTIONS IF TARGET NOT MET
• Amend departmental procedure so patients at risk of CIN can be identified early and management adjusted accordingly
• A management protocol/proforma could be designed for all patients admitted for radiological contrast media examinations including the risk factors and necessary management plan implemented
• Appropriate induction and update educational sessions for relevant staff

REFERENCES