

BSCI/BSCCT response to national PGD templates regarding the use of iodine based contrast

This is a position statement from the Executive Committee of the BSCI/BSCCT in response to the recent national contrast agent PGD templates relating specifically to administration of iodine based contrast media published by the specialist pharmacy service (SPS) in conjunction with NHS England, the Royal College of Radiologists (RCR) and College of Radiographers (SCoR) on 3rd January 2019 (<https://www.sps.nhs.uk/articles/contrast-agent-pgd-templates/>).

These PGDs are designed to permit the safe administration of IV contrast (largely for CT) by non-medically qualified radiographic staff following prescription of this contrast as part of the vetting and justification process by which patient scans are assigned to medically endorsed protocols. As a society we broadly welcome any approach that promotes safe, streamlined working practices, but wish to provide further guidance to our members:

1) These are exemplar templates only, and our understanding is that these can be adapted and modified to suit local working practices, if there is a justifiable reason to do so. Local PGDs will need to be approved by organisations, with support from the local pharmacy team.

2) The PGDs include various cautions and exclusion criteria, these relate to conditions documented on the patient referral. Some of these may well be captured in electronic request systems (e.g. renal impairment) but the PGD process does not mandate that the radiographer specifically themselves screen for these. We note that the following exclusion criteria are documented in the exemplar templates: 'congestive heart failure, severe cardiac disease or pulmonary hypertension'. The view of the society is that –

- Heart failure is only a **relative** exclusion criteria for administration of iodine based IV contrast, if it is severe (NYHA class 4) and poorly controlled – we consider that in all other cases it should be safe to administer standard diagnostic doses of iodine based IV contrast for clinically justified examinations under a local PGD.

- Pulmonary hypertension is also regarded as a **relative** exclusion criterion if it is severe and poorly controlled, with a clear history of associated systemic hypotension and/or severe untreated right heart failure. We do not consider mild to moderate pulmonary hypertension (e.g. associated with underlying lung disease) to be a contraindication to intravenous administration of iodine-based contrast for CT.

- 'Severe cardiac disease' is not thought to be a useful exclusion criterion as this is a very broad and poorly defined term, that could potentially exclude many patients unnecessarily. Importantly, as mentioned above the exclusions are to existing conditions identified in the provided clinical history rather than suspected conditions the patient is being imaged for. Furthermore, the PGDs do not mandate that radiographic staff take detailed clinical histories to screen for conditions. We feel that the true relative exclusions related to heart disease (e.g. renal failure, severe uncontrolled heart failure and severe pulmonary hypertension etc.) are covered elsewhere.

3) As these exemplar PGDs cover administration of iodine-based contrast by non-medical practitioners we understand that these guidelines do not apply to any invasive studies such as those performed in the cardiac catheter laboratory where the contrast is administered by a medically qualified professional.