

Non-CTA Abdomen Oral and IV CT Contrast Dosing (2024-01-12)

Scenario	OP	IP	EC
<ul style="list-style-type: none"> Suspected Anastomotic Leak/Fistula/Perf/Abscess Routine abd/pelv on any patients with prior bariatric surgery 	Positive	Positive	Positive when possible
<ul style="list-style-type: none"> Enterography 	Neutral	Neutral	Neutral
<ul style="list-style-type: none"> All other routine abd/pelv exams 	Neutral	No oral contrast	No oral contrast

Refer to order for use of positive rectal contrast

Oral contrast dosing instructions

Neutral contrast	Positive contrast
<u>Enterography (3 bottle Breeza) dosing</u> <ol style="list-style-type: none"> Drink 2 16.9oz bottles slowly over 45 minutes prior to scan. Patients need to drink slowly for uniform distension of small bowel. No chugging! Give 3rd bottle just before putting patient on table 	<u>Omnipaque 350 dosing**</u> <ol style="list-style-type: none"> Dilute 24cc omnipaque 350 in 900cc water (or use premixed solution) Drink over the 30 minutes prior to exam.
<u>1 bottle Breeza* + 1 bottle water dosing</u> (only use for routine abd/pelv exams!) <ol style="list-style-type: none"> Drink 1 16.9oz bottle of Breeza followed by 1 16oz bottle of water over the 30 minutes prior to exam. 	<u>Redicat dosing</u> <ol style="list-style-type: none"> Drink 450mL over the 30 minutes prior to exam.

*Can be supplemented or replaced with Citra Select, but only on routine exams (i.e., always use Breeza for enterography)

**Same instructions apply if using omnipaque 300

Weight-based IV contrast dosing for routine abdomen studies

These do not apply to enterography or CTA studies. See individual protocols for volumes on other studies. Decrease flow rates as appropriate if factors present indicating increased risk for extravasation (e.g., non-antecubital access).

Weight	350mg/mL	300mg/mL
<140 lbs	75mL (2.5mL/s)	90mL (3.0mL/s)
140-189 lbs	100mL (3.0mL/s)	115mL (3.5mL/s)
190-239 lbs	125mL (3.5mL/s)	150mL (3.5mL/s)
>240 lbs	150mL (3.5mL/s)	150mL (3.5mL/s)

For 320mg/mL contrast, use the 300mg/mL volumes.

See individual protocols for delays and saline flush instructions.