

**Directorate of Finance & Information**

Our Ref      FOI.12.320  
Contact us:   [foi@derbyhospitals.nhs.uk](mailto:foi@derbyhospitals.nhs.uk)

**Royal Derby Hospital**  
Utttoxeter Road  
Derby  
DE22 3NE

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Tel: 01332 340131  
Minicom: 01332 254944  
[contactus@derbyhospitals.nhs.uk](mailto:contactus@derbyhospitals.nhs.uk)  
[www.derbyhospitals.nhs.uk](http://www.derbyhospitals.nhs.uk)

Mr Jon Griffin  
[request-140485-be3cc0ad@whatdotheyknow.com](mailto:request-140485-be3cc0ad@whatdotheyknow.com)

Dear Mr Griffin

**Request under Freedom of Information Act 2000**

Thank you for your request for information that has been processed under reference number FOI.12.320.

**The following questions concern patients undergoing radiological investigations or procedures involving iodinated contrast media (this would involve the departments of radiology, vascular, MAU and renal):**

- 1. Does your institution have specific guidelines/policy for the recognition and management of patients at risk of contrast induced acute kidney injury (CI-AKI) for the following procedures:**
  - a. contrast enhanced CT scans**
  - b. angiogram, angioplasty and stenting**
  - c. endovascular aneurysm repair (EVAR)**

The Imaging Department has guidelines in place setting out procedures to be followed for all the examinations we perform utilising Iodinated contrast media. These procedures are designed to allow the Department to appropriately manage patients who are referred for such imaging examinations and are identified as being at risk of contrast induced kidney injury.

- 2. If available please send the guidelines/policy by email.**

Please see the attached summary of our procedures.

- 3. When was this guideline last reviewed and/or revised?**

The guideline was last reviewed in November 2012.



#### **4. What strategies does your institution use to manage patients at risk of CI-AKI?**

Referrers are required to identify patients at risk of contrast induced kidney injury and are prompted to do so by our electronic referral form.

If a patient is identified as being at risk of contrast induced kidney injury by the referrer; the information provided is considered by a radiologist as part of their assessment of the most appropriate imaging examination for the patient. This assessment includes the possibility of an alternative examination not involving the use of iodinated contrast media.

When a patient is identified as being at risk of contrast induced kidney injury, the Imaging Department arrange a follow up blood test for the patient on behalf of the referrer. The referrer is notified, via the Imaging Report, of the need to review the result of the blood test; and take any action required based upon it.

Where possible, routine imaging examinations involving Iodinated contrast media are arranged for patients identified as being at risk of contrast induced kidney injury at the beginning of the working week. This aims to facilitate timely management of blood test results by the referrer.

#### **5. Do you routinely involve a renal physician in the pre and post procedure management of patients at risk of CI-AKI who are having a contrast enhanced investigation or interventional procedure?**

Radiologists routinely advise referrers to discuss patients at particular risk of contrast induced kidney injury with the Renal Team; but it is the referrer's responsibility to manage their patient and so their decision whether to do so.

#### **6. Do patients at risk of CI-AKI routinely have post procedure serum urea, creatinine, eGFR and electrolytes measured? If so, at what time post procedure does this happen?**

Yes, patients identified as being at risk of contrast induced kidney injury have a blood test 2 days after their imaging examination.

If you should have any further queries with regard to this matter please contact me at the above address. Please remember to quote the reference number above in any future communications.

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The Royal Derby Hospital  
Uttoxeter Road  
Derby  
DE22 3NE

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The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Yours sincerely

Sally Maine (Mrs)  
Information Access Co-ordinator