SOP · CTR-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 50.4

At a glance

- Every patient is pre-screened for allergy and renal function before contrast media is given (CTR-FRM-001).
- Informed consent is recorded before the study.
- Emergency treatment for a reaction is available immediately, and staff are trained in it.
- Each reaction is recorded and reviewed (PRO-FRM-006).
- Stop and get help straight away if: contrast media is given without a recorded allergy and renal function screen.

1. Purpose

To make sure contrast media is given safely, with screening, consent and an emergency response ready (50.4).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Contrast media can cause severe allergic reactions and kidney damage. A protocol that screens for allergy and kidney function before use reduces these risks.

5. Responsibilities

Role	Responsibility	Competence
Radiologist	Approves the contrast study and the screening	Clinical lead
Radiographer	Carries out the pre-screen and keeps the emergency kit ready	Radiologist

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Screen.

- Pre-screen for allergy and renal function, and record it (CTR-FRM-001).

Key point: Screened.

Step 2. Consent.

- Record informed consent before the contrast is given.

Key point: Consented.

Step 3. Respond.

- Keep the emergency kit ready and record any reaction (PRO-FRM-006).

Key point: Ready.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients pre-screened before contrast	100%	Monthly	Radiologist	Hold the study
Emergency kit checked each day	100%	Daily	Radiographer	Escalate to the clinical lead

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
CTR-FRM-001	Contrast media pre-screen and consent record	Record
PRO-FRM-006	Adverse reaction record (existing, reused)	Record

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Diagnostic Imaging Safety and Quality Standards** (AMB-16)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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