



NSW
Therapeutic
Advisory
Group Inc.

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Group Discussion: Governance for standing orders of oral and IV contrast agents

Date: July 2018

Question:

NSW TAG received an enquiry from a member about the approval process for radiographer Standing Orders (for IV and oral contrast) and as an addition to the Nurse Practitioner (NP) Formulary. This has occurred at some facilities, which do not have a 24/7 radiologist and currently medical officers are required to prescribe contrast agents in eMEDs after hours. NSW TAG and TAGNet members were asked to provide information as outlined below.

A June 2015 NSW TAG email discussion (8 responses) found that there was a range of practices regarding how contrast was prescribed/ordered. One site prescribed it on the NIMC, some used standing orders, some used the standing order then subsequently transcribed it onto the NIMC and other sites were either developing or considering developing standing orders for use.

Responses:

Five responses were received from: North Coast Local Health District (Lismore and Tweed Hospitals) (NCLHD), Hunter New England-Northern Sector (HNELHD), Murrumbidgee (MLHD), Royal North Shore Hospital (RNSH) and Southern NSW (SNSWLHD).

1. Where does the governance rest with respect to contrast agents at your institution?
 - a. NCLHD: The Clinical Governance Unit (CGU) but the Radiologist on site is responsible for the day to day use of contrast. However, routine administrations are done by radiographers who record on a register of who's used what, and the radiologist signs off the register at the end of the session.
 - b. HNELHD: Currently, contrasts are prescribed in a system called RIS (Radiology Information System), which is outside the electronic prescribing system. Using this system means that governance sits with the imaging stream rather than the district DTC. There has recently been a push by radiographers to document contrast in MedChart rather than RIS. The District QUM Committee has decided that if radiographers want to document in MedChart, they will need to develop medication Standing Orders (MSOs) for all contrasts.
 - c. MLHD: DTC, with expert input or additional information from radiologist or radiographers obtained as needed.
 - d. RNSH: Only interaction Pharmacy/DTC has had to date is approval of MSOs for Radiographer administration of various contrast media.
 - e. SNSWLHD: DTC

2. Do you have radiographer standing orders for administration of IV and/or oral contrast agents?
 - a. NCLHD: We are building one.
 - b. HNELHD: Not currently, however will be developed if documented in MedChart.
 - c. MLHD: Yes, these are reviewed and approved/endorsed by our DTC.
 - d. RNSH: Yes, we have a number of Standing Orders (only for Radiographer administration) including:



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- Biliscopin (meglumine iotroxate)
 - Gastrografin (sodium diatrizoate / meglumine diatrizoate)
 - Gadovist 1.0 (gagobutrol)
 - Ioscan (sodium diaztrizoate)
 - Isovue (iopamidol)
- Omnipaque 240, 300, 350 (iohexol)
 - Primovist (disodium gadoxetate)
 - Ultravist (iopromide)
 - Urografin 30% (sodium diatrizoate and meglumine diatrizoate)
 - Visipaque 270 (iodixanol).
- e. SNSWLHD: Yes.
3. Have any of these products (e.g. Ioscan, Omnipaque) been considered as part of the NP formulary?
- a. NCLHD: No.
 - b. HNELHD: No.
 - c. MLHD: No, not that our DTC is aware of.
 - d. RNSH: No.
 - e. SNSWLHD: No.
4. Any other comments re similar requests or issues around governance of contrast agents?
- a. NCLHD: Double checking after hours is an issue and we are drafting an exception protocol for local use after over a year of back and forth without real solution
 - b. MLHD: There have been some challenges meeting requirements of PD2013_043 relating to second person check for administration of contrast at district hospitals that will need to be fed back for consideration when revising this policy directive (PD). There also doesn't seem to be significant awareness amongst clinicians of this requirement. Additionally, medical imaging and rural hospitals are keen to reduce waiting time for patients transferred from rural hospitals for medical imaging services. They have proposed recently that "Patient Transport Vehicles carry contrast. Medical Imaging will advise both Patient Transport & the transferring hospital when a patient is required to take the contrast. Patient will then drink while travelling to WWBH, this will avoid the hour waiting time & our crews creating a hallway block within WWBH." This will be taken to the next DTC meeting for consideration and unsure how in this case the second person check administration requirement can be met.
 - c. RNSH: Governance - Standing Orders were developed by the Chief Radiographer and colleagues. Drug Committee reviewed and approved as per NSW Health Policy PD2013_043 however no one in DTC has specific expertise in contrast media. Standing Orders were signed by the Chief Radiographer at each site, NSLHD Clinical Director of Radiology and NSLHD Executive Director of Medical Imaging.
 - d. SNSWLHD: We approved a variation to the PD to allow 2 radiographers to approve IV contrast when staffing difficult, but it has not been universally accepted as it is us versus the PD – now under review.

Responses received as at 16 July 2018

Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.