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|   | Policies & Procedures<br><br>Title: <b>ISOVUE®: INSTILLING FOR CT PERITONEOGRAPHY IN PD PATIENT</b><br><br><b>RN Specialty Practice: RN Procedure</b><br><br>ID Number: <b>1136</b> |
| Authorization:<br><br><input type="checkbox"/> SHR Nursing Practice Committee<br><input type="checkbox"/> Kidney Health Policy and Procedure Committee | Source: Nursing<br>Date Effective: June, 2017<br>Scope: SHR Acute Care<br>Northern Saskatchewan Kidney Health Program   |

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**DEFINITIONS**

**CT Peritoneography-** The use of CT imagery as a diagnostic tool to visualize a patient’s peritoneal cavity utilizing contrast dye.

**Off-label-** The use of a medication which is prescribed for a use that is not one of the Health Canada approved uses.

**Peritoneal Dialysis (PD)** - dialysis using a semipermeable membrane (peritoneum), via a percutaneous catheter in the abdominal cavity.

**ROLES**

**Registered Nurses (RNs)** – - RNs identified by their manager in targeted practice settings will be certified in the Registered Nurse Specialty Practice (RN Procedure Instilling Isovue for CT Peritoneography in PD patients

**1. PURPOSE**

- 1.1 To provide guidance for Home Dialysis Patient Educator on the correct procedure for administration of Isovue® IV contrast, intraperitoneally, to patients requiring CT peritoneography.

**2. POLICY**

- 2.1 The RN certified in this RNSP will have first completed the following learning modules/activities prior to performing instillation of Isovue:
  - Complete the required learning module and quiz (teaching and learning methods may vary e.g. classroom and/or self- study using paper module or on line)
  - Correctly complete a supervised administration of Isovue with a certified RN to complete the certification process.

- 2.2 For diagnostic purposes, Isovue® can be instilled intraperitoneally to detect leaks of peritoneal fluid to thoracic cavity, abdominal wall, inguinal hernia, etc. As this is an off label use, please follow policy for administration guidelines.
- 2.3 The Home Dialysis Patient Educator will instill Isovue® into peritoneal dialysis solution to dwell prior to procedure requiring intraperitoneal contrast, as per physician's order.
- 2.4 Patients who have been identified as having a contrast allergy or allergic-like reaction to contrast will be identified by Nursing or Nephrology prior to any procedure requiring systemic (IV, intraperitoneal) contrast.
- 2.5 The Nephrologist responsible for the patients care or the Radiologist performing the Diagnostic procedure must decide to pre-medicate prior to contrast administration for patients with known or suspected contrast allergy.

### 3. PROCEDURE

- 3.1 Obtain physician's order.
- 3.2 Isovue® should be instilled to dwell 90 to 120 minutes before CT peritoneography procedure.
- 3.3 The CT peritoneography study should be ordered by the nephrologist after discussion with interpreting radiologist. IV Isovue® contrast is not used (ordered as "non-IV contrasted CT of abdomen and pelvis with intraperitoneal contrast used").
- 3.4 Obtained informed consent from the patient (see appendix A)
- 3.5 Check patient's chart for allergies, specifically to contrast.
- 3.6 Wash hands
- 3.7 Gather supplies:
  - Isovue® 300(Obtain from radiology)
  - 60 ml luer lock syringe
  - Blunt needle
  - Alcohol swab
  - 1.5% Dianeal 2 L twin bag
  - 1 Dianeal twin bag of appropriate strength for patient
  - Minicap
- 3.8 Retrieve warm Isovue® from Diagnostic Imaging heater. The vial contains 200 mls and must be used immediately.
- 3.9 Inspect vial and ensure there is no crystallization of the solution. If the solution is crystallized, return to DI and get another vial.
- 3.10 Wash hands
- 3.11 Clean port on Dianeal solution bag using alcohol swab
- 3.12 Using 60 ml luer lock syringe, and a blunt needle, draw up 150 mls Isovue® and inject into bag of 1.5% Dianeal (Do not inject air into vial). Discard unused portion of vial.

- 3.13 Expose catheter
- 3.14 Wash hands
- 3.15 Remove minicap and attach twin bag of Dianeal with Isovue® and drain peritoneal cavity
- 3.16 When drain is complete, break fragiseal and fill peritoneal cavity per policy.
- 3.17 Remove twin bag and apply new minicap to catheter.
- 3.18 Have patient change position in bed and walk around/mobilize, to mix solution to all parts of abdominal cavity.
- 3.19 Send patient to radiology.
- 3.20 Upon return, perform exchange with second Dianeal twinbag of appropriate strength for patient. Continue with any required monitoring as per the Radiologists orders.
- 3.21 Chart regarding the procedure and patients state on discharge.

**NOTE: Isovue is a non-radioactive material, gloves are not required when handling Isovue. Effluent containing Isovue may be disposed of as per standard peritoneal dialysis procedure for disposal of effluent**

#### 4. REFERENCES

Capital Health (2011) Department of Medicine, nephrology. Peritoneal Dialysis CT Imaging Protocol.

Core Curriculum for Nephrology Nursing, American Nephrology Nurses' Association. 6<sup>th</sup> edition, 2015, Module 3, p.269

Horizon Health Network, Fredericton, New Brunswick. SOP: Peritoneography CT Imaging Protocol, SOP No: PD6-6.1 2012

IsoVue Product monograph. <http://imaging.bracco.com/us-en/products-and-solutions/x-ray-computed-tomography/isovue/modalities>. Retrieved online July 12, 2016

Off label Medications. <http://www.fda.gov/ForPatients/Other/OffLabel/default.htm>. Retrieved online January 3<sup>rd</sup>, 2017

Southern Alberta Renal Program. (2011). Peritoneal Dialysis Evaluation with CT Peritoneography. Policy 40-04

Saskatoon Health Region  
St Pauls Hospital

*Patient label here*

**CT PERITONEOGRAPHY**

Your Nephrologist has requested that you have a test to look at the inside of your abdomen (Peritoneal cavity). This test requires the use of a contrast media (iodine containing x-ray dye). This dye will be put into a bag of peritoneal fluid in the PD unit and then you will go down to the Diagnostic Imaging unit on main floor to have the pictures taken.

Most people have no problems with contrast media when instilled into the peritoneal cavity. Complications are most frequently noted when the contrast is injected into your blood. Some people experience an unusual metallic taste or a mild, generalized warm flush. As with any medication there is the potential for an allergic reaction following the injection. Occasionally hives and itching may occur that usually disappear without treatment or respond quickly to medication. Very rarely, more severe reactions can occur, affecting your blood pressure and causing an irregular heartbeat. In about 1 in 200,000 people, life-threatening reactions occur. All the necessary personnel, equipment and medications needed to treat any contrast reactions are readily available.

The physicians responsible for your care are aware of these risks, and in their opinion, the information to be gained from this examination outweighs the possible risks. If you have any questions or concerns about the contrast media the radiologist will be glad to discuss them with you.

Please let us know if you have ever had previous reaction to contrast dye.

Ordering Nephrologist

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**I have read the information and am willing to have the injection of contrast media (x-ray dye).**

Print Name:

Signature:

Date: \_\_\_\_\_

\_\_\_\_\_