



Carolina Radiology  
*A Higher Standard.*

## **CRA-approach to the administration of gadolinium-based contrast agents.**

For the administration of type II gadolinium-based contrast agents including Multihance (Gadobenate dimeglumine), Gadavist (Gadobutrol), Dotarem (Gadoterate meglumine), Gadoteridol (Prohance) and Eovist (Gadoxetate disodium), we recommend the following in accordance with ACR 2024 guidelines:

1. Do NOT test GFR levels.
2. If GFR levels are known to be  $< 30$ , contrast may still be given at a full dose. Call a radiologist if you are concerned or have questions, but calling a radiologist is not required.

For the administration of type I or type III gadolinium-based contrast agents recommend the following:

1. Check GFR for outpatients/ED patients if there is a risk factor: history of renal disease (dialysis, kidney transplant, single kidney, kidney surgery, history of known cancer involving the kidney(s), or history of CKD, previously low GFR, or prior history of AKI).
2. Check GFR for inpatients within 2 days of the MRI scan.
3. If  $GFR < 30$ , then check with ordering provider or radiologist about need for contrast for the MRI and whether the contrast agent can be substituted for a type II agent