

Update changes of ACR 2021 guidelines vs 2020 on contrast media



Dear Hong Kong and Macau HealthCare Professionals,

We are delighted to share you **American College of Radiology (ACR) Manual version 11 on Contrast Media** has been published in January 2021, this edition replaces all earlier editions and as it is being published as a web-based document only, it will be updated as frequently as needed based on latest scientific evidence. This manual was developed by the **ACR Committee on Drugs and Contrast Media of the ACR Commission on Quality and Safety** as a guide for radiologists and radiographers to enhance the safe and effective use of contrast media.

Bayer Radiology team prepared below summary materials on the latest clinical update of both ACR 2021 and ESUR 2018 guidelines on contrast safety, also invited our APAC medical advisor Dr. May Lau host a webinar on 2 Mar 2022 about this new ACR 2021 guideline changes. These clinical update materials should be interested by radiologists and radiographers for review and reference, please feel free to download and circulate this email to your department colleagues.

ACR 2021 Guidelines Update Summary Card on Contrast Safety

ACR 2021 Guidelines Update Summary Card on Contrast Safety	
Changes	Details
Chapter 5 Fasting Prior to Intravascular Contrast Media Administration	<ul style="list-style-type: none"> Given the potential for negative consequences due to fasting and a lack of evidence that supports the need for fasting, fasting is not required prior to routine intravascular contrast material administration. However, for patients receiving conscious sedation, anesthesia guidelines should be consulted.
Chapter 10 Change in terminologies	<p>Post-contrast acute kidney injury (PC-AKI) → Contrast-associated acute kidney injury (CA-AKI)</p> <p>Contrast-induced nephropathy (CIN) → Contrast-induced acute kidney injury (CI-AKI)</p>
Chapter 10 Volume Expansion protocol recommendations to prevent CA-AKI made more concrete	<ul style="list-style-type: none"> Isotonic fluid such as 0.9% normal saline (NS) is preferred. Typical prophylaxis regimens begin 1 hour prior to the exam and continue 3-12 hours after. Typical doses may be fixed volume (e.g., 500 mL NS) before and after or weight-based volumes (1-3mL/kg per hour). The ideal infusion rate and volume is unknown.
Chapter 10 Addition of Indications & Contraindications for volume expansion to prevent CA-AKI	<p>Indications</p> <ul style="list-style-type: none"> Patients who have AKI or severe CKD with an eGFR less than 30 mL/min/1.73m², although the risks of volume expansion (i.e., heart failure or other hypervolemic conditions) should be considered before initiation. Considered on an individual basis for high-risk circumstances (e.g., numerous risk factors, recent AKI, borderline eGFR) in patients with an eGFR of 30-44 mL/min/1.73m² at the discretion of the ordering provider. <p>Contraindication</p> <ul style="list-style-type: none"> General population of patients with stable eGFR greater than or equal to 30 mL/min/1.73 m² or patients on chronic dialysis.

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Contrast Media Guidelines Flipchart: Clinical updates of ACR V.12 (2021) & ESUR V.10.0 (2018) on Iodinated Contrast Media (ICM) & Gadolinium Based Contrast Media (GBCM)



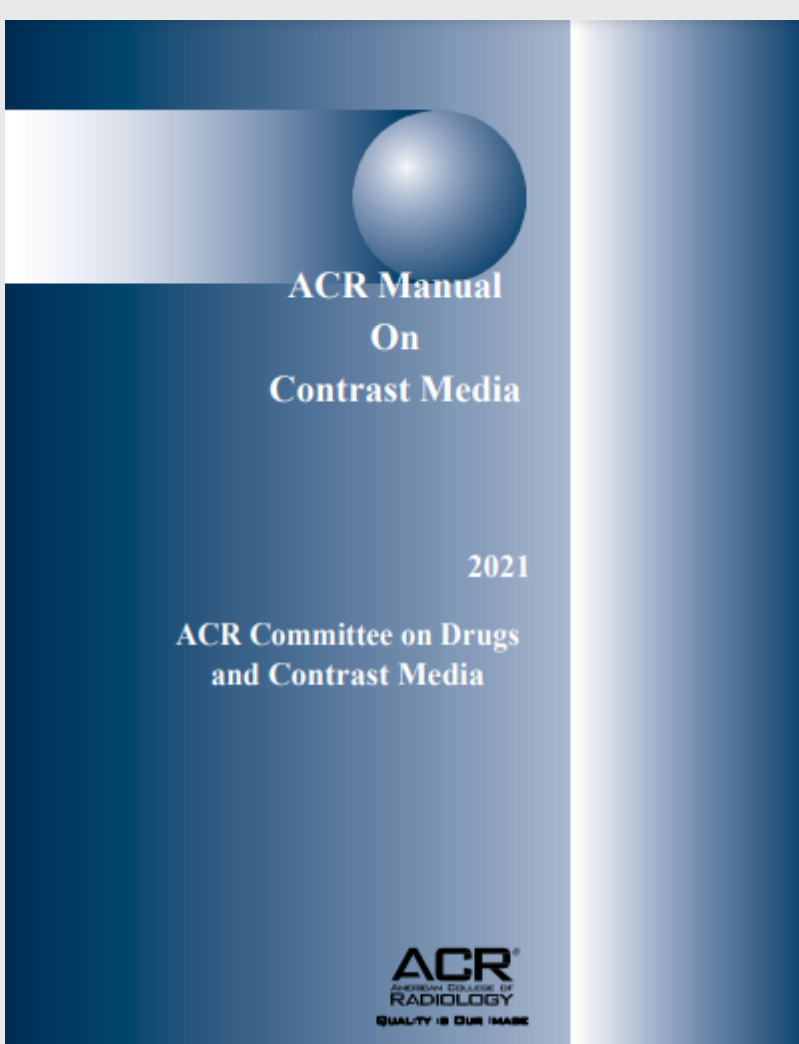
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Webinar Recording: Updates changes of ACR 2021 guidelines vs 2020 on contrast media



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ACR 2021 Manual On Contrast Media



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Should you have any questions, please feel free to contact **Bayer HK Radiology Team** for further information.

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Best Regards,
Bayer HK Radiology Team

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