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Elevated Creatinine in Acute Stroke Patients

RPC Approval: April 2018

Next Review: April 2020

Division/Faculty: Neuroradiology/Peters

Subject: Elevated Creatinine in Acute Stroke Patients

Purpose: Define contrast administration for acute stroke patients with elevated creatinine

Policy: As per current Departmental Policy RM 06-47:

1. Patients presenting as a "Stroke Alert" with a known decrease in renal function manifested by a serum creatinine greater than 2.0 will be evaluated by a clinical member of the Stroke Team prior to performance of CT brain angiography.
 - a. Stroke Team members: stroke neurology attending, fellow, resident, or neuro-endovascular attending or fellow.
2. If the clinical decision making by the Stroke Team member requires emergent neurovascular imaging, then a 4D-CTA brain scan may be performed after discussion with the in-house radiology resident, fellow, or attending, and entrance of a clinical note by said Stroke Team member into the medical record describing the necessity of the CTA. However, the imaging protocol will be modified to a head only 4D-CTA head perfusion study, which will have a maximum bolus of 50ml contrast.