


Name of Policy: Venipuncture for Contrast Administration Policy Number: 3364-134-115 Approving Officer: Chief Operating Officer, Clinical Service Chief Radiation Oncology Responsible Agent: Radiation oncology, Technical Manager Scope: The University of Toledo Medical Center Radiation Oncology		 Effective date: 7/2025 Original effective date: 6/1/2019	
Key words: Venipuncture, Radiation Oncology, Contrast, Patient Safety			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

Under certain circumstances, non-physician Radiology personnel may administer contrast media parenterally for diagnostic procedures. Only registered technologists and registered nurses with the desire and aptitude for this will be considered for training. Each person must receive training and annual competence on venipuncture. A copy of this authorization will be kept in the employee's file and reviewed annually.

(B) Purpose of Policy

To expedite the initiation of diagnostic procedures and better utilize physician and allied health personnel time.

(C) Procedure

1. Interested personnel shall get approval from their supervisor before proceeding with training.
2. A radiologist or his/her designee (such as an RN or Sr. Technologist) will instruct personnel on the venipuncture procedure as well as common contrast media complications.
3. To obtain certification, personnel will be observed by the radiologist or his/her designee during three venipunctures, or until the radiologist or his/her designee feels comfortable that the personnel have adequate knowledge and skill.
4. To maintain certification, the individual must perform one successful venipuncture per year. This annual skill check must be observed and documented by a radiologist or his/her designee.
5. Personnel will review hospital policy 3364-100-70-02 Adverse Drug Reaction Reporting. They will be responsible for adhering to policy requirements for reporting.
6. Under no circumstances will Radiology personnel attempt venipunctures for contrast administration without physician awareness.
7. If a successful venipuncture has not been accomplished within two attempts, "assistance" will be requested.

8. Before beginning a venipuncture, Radiology personnel will make sure that emergency life support equipment is immediately available, including drugs, oxygen, and suction.
9. Before beginning the venipuncture procedure, Radiology personnel will determine the possibility of contrast agent sensitivity through patient interview, review of the patient's chart, and adhere to contrast. policy guidelines as applicable.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Mersiha Hadziahmetovic MD Clinical Service Chief, Radiation Oncology</p> <p>7/21/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Russell Smith Chief Operating Officer</p> <p>7/17/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Technical Manager Radiation Oncology</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• 38-17 <p>Initial effective date: 6/2019</p> <p>Review/Revision Date: 6/2019 6/2022 7/2025</p> <p>Next review date: 7/2028</p>
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