This special report is to highlight the expanding shortage of GE Contrast Media. Attached is the formal announcement from GE regarding contrast availability. While we actively work with the White House Response Team regarding this issue we encourage you to engage with your local GE representative for assistance, additional recommendations and options. Normal production is expected to resume within 2 months, or a mid-June timeframe, although this timeframe is projected and is not exact.

**Conservation Strategies**

- Omnipaque and Visipaque used in the USA is solely produced in Shanghai.
- Our hospital is now rationing IV contrast for only the absolute necessary studies. Abdominal pain, etc. are all non-contrast studies.
- We’re scanning most things noncontrast when feasible.
- There are many alternatives like Optiray - so hopefully your hospital system can source a reasonable alternative.
- Ration contrast (not necessary but used for many studies), use alternative contrast agents, use MRA or US etc. As clinicians we can help identify alternative procurement sources, and be creative about workarounds.
- We’re using Solutrast only when it comes to iodine contrast agents.
- I have not noticed any issues with iohexol, iodoxanol or diatrizoate meglumine (gastrografin).
- Assess use/reordering the older ionic iodinated contrast agents instead of the (now) standard nonionic forms given the waves of shortages we keep having. The ionic agents are still manufactured and could theoretically be used as a stop-gap. Drawbacks would be more minor reactions of course but it could ensure you have a supply of contrast to use in an emergency situation.
- Norway is trying to pick up some of the slack but is not able to keep up with demand and logistics have been an issue as well.
- I work for university of Maryland they are rationing our contrast to 75 mls per scan for the past week.
- Per one organization, GE anticipates a return to normal production/distribution by mid-June.
- We are postponing all currently scheduled outpatient CT scans and have suspended scheduling of outpatient CT scans.
- Reviewing orders and switching to non-CT modality when appropriate, e.g. MRI or ultrasound.
- Scrutinizing orders and switching to CT without contrast when/where appropriate.
- Diluting contrast when appropriate.
- Ensure that your facility has a direct order account with GE
- Place orders through the GE website rather than calling the order desk.

**About the Supply Chain Resource Council (SCRC)**

The Supply Chain Resource Council (SCRC) currently brings together over 48 supply chain leaders and professionals from across the health care field with the goal of understanding the extent and impact supply shortages and disruptions are having in the hospital setting, as well as a documenting conservation strategies or permanent solutions to these challenges. Topics of discussion vary based on the latest information received from various field sources. Information collected during the calls is shared with AHA and AHRMM Leadership, Federal agencies, council members and the broader health care field. The contents of the reports represents information, strategies and solutions from SCRC members but does not necessarily reflect policy positions of the AHA.