General guidelines for oral contrast usage in the emergency setting. Please contact radiology department for specific questions, as different radiologists have different preferences.

A) Scenarios in which oral contrast is helpful in the emergency setting

- evaluation of fever/abscess
  - especially in HIV/immunocompromised
- prior gastrointestinal surgery
  - Concern for fistula, rupture/leak, hernia, abscess, ileus, etc.
- patients with very low BMI/pediatrics (generalized abdominal pain, suspect appendicitis/diverticulitis, etc)
  - With little intra-abdominal fat, it’s difficult to differentiate bowel from other pathology. Although not rigorously investigated, as a guideline, consider using oral contrast in patients with a BMI <20.
  - Peds: want to maximize study and avoid repeat scan given radiation risk

B) “It depends”: Scenarios in which oral contrast may or may not be needed in the emergency setting

- Generalized abdominal pain: depends on BMI/presence of prior imaging for comparison (suspect: appendicitis, diverticulitis, etc)
  - Again, will probably need it for low BMI/peds
  - Not needed if adequate intra-abdominal/visceral fat
- Partial/Intermittent SBO- to see if contrast passes through
- Cancer
  - Often not needed for multiple routine follow ups but depends on type of cancer/patient

C) No: Cases in which oral contrast administration is not needed

- Vascular issues
  - mesenteric ischemia, retroperitoneal hematoma, AAA evaluation, GI bleeding studies, etc.
- Solid organ issues
  - Pancreas/liver pathology
- Nephrolithiasis
- true SBO (it depends)
- Trauma

D) Different oral contrast: Neutral or Negative oral contrast

- Inflammatory bowel disease
- Hyperenhancing masses such as neuroendocrine tumors