Supplement: Barriers to Implementation - Modules 7.2 and 7.4

As a result of discussion with the Quality Assurance staff of the Radiological Society of The Netherlands the following barriers to implementation of the recommendation in module 7.1-7.4 have been indicated:

1. *Capacity of drug allergy specialist for timely performance of skin tests in patients with hypersensitivity reactions to contrast media*

There is a need for a "Fast Track" analysis in contrast media skin testing, as was already indicated by the GDG during the authorization of the guideline Safe Use of Contrast Media Part 2 in 2019. In daily practice, due to the limited number of drug allergy specialists, the timely performance of skin testing proves to be problematic, especially in those hospitals that have no drug allergy specialists or skin testing facilities.

During a meeting with representatives of the Dutch Society of Allergology and Clinical Immunology this need has again been stressed. Especially oncology patients that are treated with chemotherapy receive repeated CT and/or MR imaging within short time intervals. For these patients a rapid result of skin tests is needed.

The Board of the Dutch Society of Allergology and Clinical Immunology has agreed to work on this, and for the meantime they point to the possibility of using already available time slots for fast diagnosis in the outpatient clinics of its members.

2. *Limited possibilities in current electronic patient record software (Chipsoft/EPIC) for accurate registration of hypersensitivity reactions to contrast media*

In daily practice, the quality of registrations of hypersensitivity reactions to contrast media leaves much to be desired. This is due to the fact that all physicians have rights for registration, even those physicians with little or no experience in working with contrast media. This leads to incomplete or faulty registrations, leading to unnecessary administration of premedication or unnecessarily denying patients good quality medical imaging.

Patients that are referred between hospitals for parts of their treatment constitute a considerable part of this problem. Often these referrals are accompanied by incomplete or faulty registration in one hospital that are taken over by the other hospital due to time constraints.

As already indicated by the GDG during the authorization of the guideline Safe Use of Contrast Media part 2, there is a (growing) need for discussion between representatives of the Board of the Radiological Society of The Netherlands, the Board of the Dutch Society of Allergology and Clinical Immunology, and representatives of the electronic patient record software companies Chipsoft and EPIC (as well as the NICTIZ organization).

Despite long-lasting efforts by Board members of the Dutch Society of Allergology and Clinical Immunology in a Chipsoft working group and discussions with the NICTIZ organization, no nationwide usable specific module for accurate and detailed registration of hypersensitivity reactions to contrast media is available, and tools for an accurate exchange of such registrations between hospitals are lacking.