



Not an Order Form. For MD Risk Assessment Only! Use Physician Orders for Prophylactic Treatment form for orders.

Table with 2 columns: Major Clinical Risk Factors and Preexisting Renal Disease. Includes items like Diabetes, Myeloma, Hypotension, Nephrotic syndrome, and Volume depletion.

If Age < 60 and no clinical risk factors: safe to proceed with contrast, no prophylaxis needed. If Age > 60 or any clinical risk factors: measure serum creatinine, calculate or use lab chart to estimate GFR (eGFR), refer to table below: (see Part II for prophylaxis treatments).

Table with 3 columns: eGFR, ARF Risk from Contrast, and Recommended Strategy. Rows include risk categories like 'Any risk factors', 'Greater than 60 ml/min', '40 - 60 ml/min', '20 - 40 ml/min', 'Less than 20 ml/min', and 'ESRD with residual renal function'.

Part II: Treatments to Prevent Contrast – Induced Nephropathy – use Physician Orders for Prophylactic Treatment form to order

Preferred Option for eGFR < 40, especially when Urgent Contrast Imaging required:

Sodium Bicarbonate IV: (risk reduction 0.2 vs. saline alone for patients with eGFR <40) Precaution: may cause HTN or fluid overload – monitor for CHF, elevated BP per unit standard, Acid Base Status Sodium Bicarbonate 154mEq in 1000 ml D5W (1154 ml total) IV

Options when Contrast Imaging scheduled in 12-24 hours

Sodium Bicarbonate IV (recommended if not contraindicated) as above Acetylcysteine 600 mg PO or via NG/Feeding Tube twice daily 1 day before and day of contrast (Total 4 doses) (Administer Mucomyst 3 ml of 20% solution = 600 mg per dose; usually in cola or ginger ale 30 ml) (antioxidant, relative risk reduction 0.5 (with saline) vs. placebo for eGFR<40) NaCl 0.9% IV (only if sodium bicarbonate contraindicated.) at 1 ml/kg/hr for 12 hours pre and 12 hours post procedure

Patient Label