

Serum Creatinine \_\_\_\_\_ mg/dL                      eGFR \_\_\_\_\_ ml/min/1.73m<sup>2</sup>

**The risk of procedure has been assessed. Please proceed using low volume/low ionic contrast. Follow lab and medication orders below:**

Labs: Serum Creatinine post-procedure day 1 and 2 if metabolic panel not ordered.

**Medications to hold: (Write name of medications to be held. If hold date is not completed, medication will be held starting when form received in Pharmacy. Medications held without resume dates will be discontinued per Hospital policy. Per Radiology Department standard Metformin will be held 48 hrs prior to scan if possible and at least 48 hrs after.)**

Medication Type	Name of Medication	Hold Date/Time	Resume Date/Time
Metformin	Metformin		48 hrs after scan
ACE Inhibitor/ Angiotensin Receptor Blocker			24 hrs after scan
Diuretics			24 hrs after scan
Non-Steroidal Anti- Inflammatory Drugs			24 hrs after scan

**Treatments to Prevent Contrast – Induced Nephropathy** (check box to order) **Pt wt: \_\_\_\_\_ kg**  
(See Physician Assessment Form for treatment recommendations)

**Sodium Bicarbonate IV:**

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

Infuse at 3.5 ml/kg/hr for 1 hr (up to 385 ml/hr for 1 hr if pt wt 110 kg or more) pre-contrast,

Then 1.2 ml/kg/hr (up to 132 ml/hr if pt wt 110 kg or more) for 6 hours post contrast

**Acetylcysteine (Mucomyst®) 600 mg** PO or via NG/Feeding Tube twice daily 1 day before and day of contrast (Total 4 doses)

(Administer 3 ml of 20% solution = 600 mg per dose; usually in cola or ginger ale 30 ml)

**NaCl 0.9% IV (only if sodium bicarbonate contraindicated. Do not give if Sodium Bicarbonate ordered)** at 1 ml/kg/hr for 12 hours pre and 12 hours post procedure

Patient Label

\_\_\_\_\_  
Physician Signature

Contrast Nephropathy Prophylactic  
Orders.doc  
Approved P&T Committee 6/05, 3/06  
Approved MEC 1 8/05