UWHC- PREVENTION OF CONTRAST INDUCED ACUTE KIDNEY INJURY
ORDERS

Patient Weight: _____ Kg             Allergies: ______________________________

DAY BEFORE CONTRAST ADMINISTRATION

[ ] Provider ordering test review current medications for nephrotoxicity-
   Hold the following medications the AM of contrast administration and resume
   normal medication schedule immediately following the procedure. _________

[ ] Hold scheduled Metformin containing medications AM of procedure and for
   48 hrs after procedure. Check creatinine before resuming on ____________.

[ ] OPTIONAL: Acetylcysteine 800 mg PO- TWO doses at 1600 and 2200 the day
   before the procedure. Dilute in 30 mL of cola to disguise the taste.

AM OF PROCEDURE

[ ] Place 2 Peripheral Intravenous lines. One IV for bicarbonate infusion and
   Second IV run ______ fluid at ______ mL/hour or cap IV line and flush per IV
   protocol.

[ ] Order infusion from pharmacy. D5W 1000 mL with sodium bicarbonate 200
   mEq total volume 1250 mL, Pharmacist: USE CENTRICITY CODE
   “BICDEX+”.

[ ] Outpatients: Schedule patient to arrive at least ONE hour before the procedure to
   begin IV hydration.

[ ] Inpatients: Infusion to be started ONE hour before scheduled test.

EXCEPTIONS:

** Patients going to Heart & Vascular Prep & Recovery Center, send
   infusion with patient to be started there.

** For patients with history of CHF/ Fluid Volume Overload, infusion rate
   should be no greater than 1mL/kg/hr, with upper limit of 100 mL/hr.
   NO BOLUS should be administered.

** For any patient at risk for CHF/Fluid Volume Overload, Consult with the
   patient’s Cardiologist or Nephrologists before ordering Bicarbonate infusion.

[ ] Initiate infusion at: _____ mL/hr (3mL/kg/hr, max 330 mL/hr) for ONE HOUR.

[ ] Following bolus- reduce rate to _____ mL/hr. (1mL/kg/hr, max 110 mL/hr). Run
   at this rate for 6 hrs after first contrast injection administration. Initial injection
   given at ____________.

[ ] After completion of bicarbonate infusion, discontinue IV fluids, cap peripheral line
   and flush per IV protocol.

[ ] OPTIONAL: Acetylcysteine 800 mg PO times 2 doses given 6 hrs apart. Dilute in
   30 mL cola.

[ ] Arrange follow- up creatinine level 3 days post IV contrast administration.

MD ___________ Pager # _______ Verbal Order Taken By ____________
Date _______ Time ______________ DATE & TIME __________________

UWHC Prevention of Contrast Induced Injury reviewed 1/19/06 next review 1/07