

Contrast Media

Nephrotoxic Effects

Acute kidney injury (AKI)

Management

Ensure proper hydration including administering intravenous crystalloids (normal saline or sodium bicarbonate) before and after procedure for high risk patients (eGFR < 60 mL/min/1.73m² if receiving intra-arterial contrast or eGFR < 45 mL/min/1.73m² receiving intra-venous contrast)

Discontinue nephrotoxic medications 48 hours before administration of contrast dye

Hold metformin due to potential lactic acidosis in the setting of acute kidney injury (AKI)

Additional measures to reduce the risk of contrast induced AKI include avoiding volume depletion, minimizing the volume and frequency of exposure to contrast dye, and avoiding high osmolarity contrast dyes

N-acetylcysteine is not effective for prevention of contrast induced AKD and is no longer recommended
