### 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