Appendix B

Management of Patients Undergoing Iodinated Contrast-related Procedures*

- Assess contrast-induced nephropathy (CIN) risk
- Calculate estimated glomerular filtration rate (eGFR) (see Appendix A)

**CIN Risk?**

**NO**

**Low Risk**

- eGFR >60mL/min/1.73m²

**Strategies**

- Hold metformin
- Conduct iodinated contrast-related study

**Moderate CIN Risk**

- 30-59mL/min/1.73m²

**Strategies**

- Medically optimize renal function
- Discuss CIN risk in informed consent process
- Avoid repeated contrast administration within 72 hours to 2 weeks, until serum creatinine (SCr)/eGFR returns to baseline
- Intra-arterial procedure: use iso-osmolar contrast media (IOCM)
- Intravenous procedure: use low osmolar contrast media or IOCM
- Limit contrast to <100mL
- Hold nephrotoxic drugs and metformin
- Consider premedication regimen
- Avoid detrimental and ineffective prophylactic medications
- Intravenous volume expansion

**Post procedure**

- SCr, eGFR, or creatinine clearance 24 to 48 hours post procedure and until patient reaches baseline level

**YES**

- Is alternative study without iodinated contrast media medically appropriate?

**NO**

- Perform alternative study

**YES**

**High Risk**

- eGFR <30mL/min/1.73m²

**Strategies**

- Hospital admission prior to procedure
- Nephrology consult
- Dialysis planning (in case CIN occurs and dialysis required post procedure)
- All strategies as for Moderate Risk, at left, (eGFR 30-59mL/min/1.73m²)

**Post procedure**

- Serial SCr, eGFR, or creatinine clearance and electrolytes until patient reaches baseline level