



**RADIOCONTRAST NEPHROPATHY
PROPHYLAXIS PROTOCOL/ORDERS**

HT: _____ cm

WT: _____ kg

Allergies: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
			Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.

Patient weight: _____ kg

Please check one of the following:

Hydration

_____ 0.9% NS at a rate of 1 ml/kg/hr or _____ ml/hr

_____ 0.45% NS at a rate of 1 ml/kg/hr or _____ ml/hr

_____ Other hydration: _____

Start 12 hours prior to procedure and discontinue 12 hours post-procedure.

-OR-

Sodium Bicarbonate

_____ Sodium Bicarbonate 150 mEq/150 mL in 850 ml of D5W (Total volume: 1 liter)

Pre-contrast: Start infusion at 3 ml/kg/hr for 1 hour prior to procedure

Post-contrast: Continue infusion at 1 ml/kg/hr for 6 hours

-OR-

Acetylcysteine

_____ Acetylcysteine (Mucomyst™) 600 mg/ 3 ml solution PO BID x 4 doses or _____ doses

Administer 2 doses the day prior to the procedure.

AND

_____ 0.45% NS 1 Liter at a rate of 1 ml/kg/hr or _____ ml/hr

_____ 0.9% NS 1 Liter at a rate of 1 ml/kg/hr or _____ ml/hr

Start hydration 12 hours prior to procedure and discontinue 12 hours post-procedure.

_____ Other hydration: _____

(If sodium bicarbonate infusion, recommend Pre-contrast: Start infusion at 3 ml/kg/hr for 1 hour prior to procedure

Post-contrast: Continue infusion at 1 ml/kg/hr for 6 hours)

Initiated per order of Dr. _____ / _____ RN