Calculate eGFR and assess CIN risk

- eGFR < 30 ml/min
  - Start/continue statin
  - Discontinue NSAIDs, other nephrotoxic drugs, metformin
  - Hospital admission
  - Other strategies as for eGFR 30-59
  - Nephrologist consultation
  - Measure Cr before discharge and/or 24-96 h after
  - Wait and watch

- eGFR 30-59 ml/min
  - Start/continue statin
  - Discontinue NSAIDs, other nephrotoxic drugs, metformin
  - IV isotonic (NaCl/NaHCO3)
    - 1-1.5 ml/kg/h 3-12 h pre and 6-24 post
    - Ensure urine flow rate > 150 ml/h
    - Iso-osmolal contrast if DM, ACS, other added risks
    - Low osmolality contrast if no other added risks
    - Limit contrast volume
      - < 30 ml diagnostic
      - < 100 ml diagnostic + intervention
    - Consider drug therapy
      - NAC 1200 mg p.o. bid pre- and post-procedure
      - Ascorbic acid 3 g p.o. pre and 2 g p.o. bid post-procedure

- eGFR ≥ 60 ml/min
  - Discontinue metformin and NSAIDs