

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

.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
. Low osmolality contrast if no other added risks
. Limit contrast volume