

## **HYDRATION PROTOCOL**

- Hydration protocol can be used prior to iodinated IV contrast administration to reduce the risk of contrast induced nephropathy. Hydration protocol serves no role when using gadolinium IV contrast.
- Use of the hydration protocol is at the discretion of the radiologist and/or ordering clinician.
- The hydration protocol should generally only be used in patients with GFR <40 mL/min or those with acute kidney injury (AKI).
- Administer hydration protocol per one of the two following options:
  - IV hydration - Isotonic fluid (0.9% normal saline or Lactated Ringers) at a rate of 100 mL/hr beginning 12 hours prior to examination and continued for 12 hrs after examination. A 500 mL IV fluid bolus can be given 30-60 mins prior to emergent/urgent examinations with IV hydration continuing after the examination as above.
  - Oral hydration - 32 oz water given 2 hours prior to examination and 32 oz water immediately following the examination. Patients should be encouraged to continue drinking ample water for 24 hours following the examination.
- There is no definitive evidence that IV sodium bicarbonate or oral N-acetylcysteine reduce the incidence of contrast-induced nephropathy.