

HYDRATION PROTOCOL

- Hydration protocol can be used prior to IV iodinated contrast administration to reduce the risk of contrast-induced acute kidney injury (CI-AKI).
- Hydration protocol serves no role when using gadolinium IV contrast.
- Use of the hydration protocol is at the discretion of the radiologist and/or the ordering provider.
- The hydration protocol should generally only be used in patients with GFR <30-40 mL/min or those with acute kidney injury (AKI).
- Options for hydration include:
 - 1) 0.9% normal saline or Lactated Ringers at a rate of 100 mL/hr beginning 12 hours prior to the examination and continuing for 12 hrs after the examination.
 - 2) 500 mL normal saline or Lactated Ringers fluid bolus given 30-60 mins prior to an emergent/urgent examination with IV hydration continuing at a rate of 100 mL/hr for 12 hrs after the examination.
 - 3) 32 oz water by mouth given 2 hours prior to the examination and another 32 oz water given 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 the addition of sodium bicarbonate, N-acetylcysteine (NAC), mannitol, furosemide, theophylline, endothelin-1 or fenoldopam reduce the incidence of CI-AKI.