



London Health Sciences Centre

Critical Care Trauma Centre

ADMINISTRATION OF I.V. CONTRAST NEPHROPATHY PROPHYLAXIS IN CCTC PREPRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

| NON-MEDICATION ORDERS | | R | P | MEDICATION ORDERS | | P |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|
| <p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p>Should be considered for all patients requiring intravenous contrast and who have a history of, or at risk for, renal insufficiency.</p> <p>Review intravascular fluid status with physician to ensure adequate hydration pre I.V. contrast.</p> | | | | <p>Patient weight = _____ kg</p> <p>Unless contraindicated, both the sodium bicarbonate infusion and N-acetylcysteine are recommended.</p> <p><input type="checkbox"/> 150 mmol (3 amps) Sodium Bicarbonate in 1 Litre D5W: Administer _____ mL/h (3 mL/kg/h) X 1 hour pre scan, then _____ mL/h (1 mL/kg/h) X 6 hours post scan</p> <p><input type="checkbox"/> N-acetylcysteine _____ mg I.V. or p.o. q 12 h X 2 doses pre I.V. contrast and X 2 doses post I.V. contrast (recommended dose 1200 mg x 4 doses).</p> <p><input type="checkbox"/> If < 6 hours before I.V. contrast administration, administer one dose of N-acetylcysteine pre I.V. contrast followed by 2 doses post.</p> | | |
| <p>PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:</p> | | | | <p>DATE (YYYY/MM/DD):</p> | | <p>TIME:</p> |
| <p>PROCESSOR INITIALS:</p> | | <p>DATE (YYYY/MM/DD):</p> | | <p>TIME:</p> | <p>NURSE INITIALS:</p> | |
| | | | | <p>DATE (YYYY/MM/DD):</p> | | <p>TIME:</p> |