**Supplementary Table 4: Interventions for the Prevention of AKI**

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| **Intervention** | **Effect on AKI incidence** | **Evidence for effect** | **Comments** |
| **Contrast-induced AKI** |
| **Ascorbic acid** | Protective | Low quality | .. |
| **Probucol** | Protective | Low quality | Data restricted to percutaneous coronary intervention setting |
| **Methylxanthine** | Protective | Low quality | .. |
| **Statins** | Protective | Intermediate quality | .. |
| **Device-guided****matched volume expansion** | Protective | Low quality | Low quality evidence for positive effect on mortality and need for RRT |
| **Prostaglandins** | Protective | Low quality | Data limited to setting of percutaneous coronary intervention |
| **Trimetazidine** | Protective | Low quality | Data restricted to percutaneouscoronary intervention setting |
| **N-acetylcysteine plus saline** | Protective | Intermediate quality | Affects tubular secretion of creatinine giving false positive improvement in creatinine-based definitions of AKI; data inconclusive in cystatin C basedstudies |
| **Fenoldopam** | Protective | Low quality, conflictive | .. |
| **Nebivolol** | Protective | Low quality | Very limited data |
| **Mannitol** | Protective | Low quality | .. |
| **Natriuretic peptide** | Protective | Low quality | Data restricted to percutaneous coronary intervention setting |
| **Furosemide** | Negative | Low quality | .. |
| **LVEDP guided volume expansion** | Protective | Low quality | .. |
| **Dopamine or****fenoldopam** | No effect | High quality | Potential harm by arrhythmias andhypotension |
| **Perioperative major non-vascular surgery** |
| **Diuretics** | No effect | Low quality | .. |
| **Calcium channel blockers** | No effect | Low quality | .. |
| **Angiotensin- converting enzyme blockers** | No effect | Low quality | No effect when started de novo; conflicting data from patients on chronic maintenance therapy who stop treatment; increased risk from continuing maintenance therapy in older patients and those withunderlying CKD; all observational data |
| **Clonidine** | No effect | High quality | .. |
| **Aspirin** | No effect | High quality | .. |
| **N-acetylcysteine** | No effect | Low quality | Effect on tubular secretion of creatinine |
| **Atrial natriuretic****peptide** | Protective | Low quality | Majority of data from one study athigh risk of bias |
| **Erythropoietin** | Unclear | Low quality | .. |
| **Statins** | No effect | Intermediate quality | High heterogeneity among studies |
| **Perioperative cardiovascular surgery** |
| **Levosimendan** | Unclear | Low quality | .. |
| **Erythropoietin** | No effect | Low quality | .. |
| **Dexamethasone** | Protective | Low quality | Single trial, low event rates, effect greatest in eGFR <15mL/min per 1·73 m2; number needed to treat 160 |
| **Atrial natriuretic peptide** | No effect | Low quality | Does not decrease RRT-requiring AKI nor mortality |
| **Statins** | Conflictive results | High quality | Continuing statin likely to be safe; starting statin probably associated withhigher AKI risk |
| **Diuretics** | No effect | Low quality | .. |
| **N-acetylcysteine** | No effect | Low quality | .. |
| **Intensive care unit** |
| **Insulin growth factor** | No effect | Low quality | .. |
| **Fenoldopam** | Conflictive | Low quality | Potential harmful effects |
| **Alkaline phosphatase** | Potentially positive | Low quality | Large trial ongoing |

AKI=acute kidney injury. RRT=renal replacement therapy. LVEDP=left ventricular end-diastolic pressure. CKD=chronic kidney disease. eGFR=estimated glomerular filtration rate.

Reprinted from The Lancet, Management of patients at risk of acute kidney injury. (p. 2139-51, Table 2), by Vanmassenhove J, Kielstein J, Jorres A, Biesen WV: Elsevier. 2017.