PREMEDICATION REGIMENS

	Option 1 adults & peds same timeline	Option 2
ELECTIVE	**ADULT:** Prednisone 50 mg PO at 13h, 7 h and 1 h before contrast media injection **PEDS:** Prednisone 0.5-0.7 mg/kg PO (up to 50 mg) **PLUS:** **ADULT:** Benadryl 50 mg IV/IM/PO 1 hr before contrast **PEDS:** Benadryl 1.25 mg/kg PO (up to 50 mg)	**Medrol**- **32 mg PO 12 hr and 2 hr** before contrast injection. **PLUS:** Benadryl as in option 1
EMERGENT	**Solumedrol 40 mg IV** or Solu-Cortef 200 mg IV every 4 hrs until contrast study required **PLUS: Benadryl 50 mg IV 1 hr prior to contrast injection**	**Decadron 7.5 mg** or Betamethasone 6 mg IV **q 4h** until contrast study done in patient with allergy to Solumedrol, aspirin, or NSAIDs, especially if asthmatic patient. **PLUS: Benadryl as in option 1**

IV steroids have not been shown to be effective if administered less than 4-6 hr prior to contrast injection. Therefore, least desirable option is omit steroids entirely and give Benadryl 50 mg IV.

CONTRAST REACTION

	Management in Adults **** In pregnancy, use ephedrine 25-50 mg IM instead of epi.****	**Management in Children**
Urticaria	d/c injection, Mild: no tx usually. Moderate: **Benadryl PO/IM/IV 25-50 mg.** **If severe, Epinephrine IM (1:1,000) 0.1-0.3 ml (= 0.1-0.3 mg)** if no cardiac CI	Mild: No tx usually, Mod: **Benadryl 1-2 mg/kg PO/IM or slow IV push up to 50 mg.** Severe: **Epi IV (1:10,000) 0.1 ml/kg slow push over 2-5 min, up to 3 ml.**
Facial Edema/Laryngeal Edema	O2 (6-10 L/min mask); **Epi** IM as above, or if hypotension evident, **Epi (1: 10,000) slowly IV 0.1-0.3 ml (=0.1-0.3 mg) . Repeat prn up to maximum of 1 mg. If no response, call code**	Secure airway, O2, vitals**, Epi** as above, repeat **in 5-30 minutes prn**, consider **Benadryl** IM or IV as above; call for assistance
Bronchospasm	O2 as above, vitals (EKG, BP, pulse ox), **Albutero**l 2-3 puff, rpt prn, if unresponsive to inhalers, use IM Epi (1:1000) or if hypotensive Epi (1:10000) IV as above. Call for assistance if persists or O2 <88%.	O2, vitals, **Albuterol** 2-3 puff repeat prn, if progresses, **Epi** as above,
Pulmonary Edema	O2, elevate torso, **Lasix 20-40 mg IV, slow push**, consider morphine 1-3 mg IV → ICU/ED	O2, vitals, Lasix 1-2 mg/kg IV, if no reponse, call for assistance.
Hypotension with Tachycardia (Anaphylactic Shock)	Elevate legs 60 degrees/Trendelenburg position, vitals, O2, IV bolus NS large volume, if poorly responsive EPI (1:10,000) **slowly** IV 1 ml, repeat prn up to max 1 mg	Secure airway, O2, vitals, elevate legs, keep patient warm, IV bolus NS, if severe, EPI (1: 10,000) 0.1 ml/kg slow push over 2-5 minutes, up to 3 ml/dose. Rpt in 5-30 min as needed
Hypotension with Bradycardia (Vagal Reaction)	Secure airway, O2, vitals, elevate legs, IV bolus NS, if patient not responding, give ATROPINE 0.6-1 mg IV slowly, repeat atropine up to total dose of 0.04 mg/kg (2-3 mg)	Secure airway, O2, vitals, elevate legs, warm patient, IV bolus NS (careful if myocardial dysfunction), if no response ATROPINE 0.02 mg/kg IV with min initial dose of 0.1 mg & max initial dose 0.5 mg (infant/child), 1.0 mg (adolescent). May repeat q3-5 min up to max dose of 1.0 mg (infant/child), 2.0 mg (adolescent).
Hypertension (Severe)	O2, vitals, Nitroglycerine 0.4 mg SL (may repeat x 3), or topical 2% ointment, apply 1 inch strip. If no respone, Labetalol 20 mg IV, then 20-80 mg IV every 10 min up to 300 mg → ICU or ED For Pheochromocytoma: phentolamine 5 mg IV (may use labetalol if this is not available)	**EXTRAVASATION:** Minor: <5 cc; Moderate 5-100 cc nonionic; Severe >100 cc nonionic. *Notify referring MD for mod/sev* **Treatment:** Elevate, Cold/Warm packs PRN, observe up to 2 hrs. **Surgery:** Increased swelling/pain, skin blistering, altered perfusion/sensation **Document:** Contrast type, volume, site; physical exam, treatment, and disposition
Seizures or Convulsions	O2, consider Diazepam (valium) 5 mg IV or Midazolam (versed) 0.5 to 1 mg IV. If longer effect needed, obtain consultation, consider Dilantin infusion 15-18 mg/kg at 50 mg/min; monitor carefully.	

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