

TREATMENT OF CONTRAST REACTIONS

Optimal treatment of contrast media reactions starts with a well-designed plan of action and a properly staffed and equipped imaging facility. Rapid recognition, assessment, and diagnosis are crucial to the effective implementation of treatment. Training of on-site personnel attending to patients receiving contrast media should include cardiopulmonary resuscitation and/or advanced cardiac life support whenever possible. Ongoing quality assurance and quality improvement programs with in-service training and review sessions are recommended. (See Tables 4, 5, 6, and 7 and the Chapter on Contrast Media in Children.)

Suggested Reading (Articles that the Committee recommends for further reading on this topic are provided here.)

1. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Emergency Cardiac Care Committee and Subcommittees, American Heart Association. Part III. Adult advanced cardiac life support. *Jama* 1992; 268:2199-2241.
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4. Braddom RL, Rocco JF. Autonomic dysreflexia. A survey of current treatment. *Am J Phys Med Rehabil* 1991; 70:234-241.
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6. Bush WH. Treatment of acute contrast reactions. In: Bush WH, King B, Krecke K, ed. *Radiology Life Support (RAD-LS)*. London: Hodder Arnold Publishers; 1999.
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8. Cohan RH, Leder RA, Ellis JH. Treatment of adverse reactions to radiographic contrast media in adults. *Radiol Clin North Am* 1996; 34:1055-1076.
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11. McClellan BL. Adverse reactions to iodinated contrast media. Recognition and response. *Invest Radiol* 1994; 29 Suppl 1:S46-50.
12. Runge JW, Martinez JC, Caravati EM, Williamson SG, Hartsell SC. Histamine antagonists in the treatment of acute allergic reactions. *Ann Emerg Med* 1992; 21:237-242.
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14. vanSonnenberg E, Neff CC, Pfister RC. Life-threatening hypotensive reactions to contrast media administration: comparison of pharmacologic and fluid therapy. *Radiology* 1987; 162:15-19.