EXAMPLE PREMEDICATION REGIMENS

**CONTRAST EXTRAVASATION**

Prednisone 0.5-0.7 mg/kg PO (Max 50 mg) 13, 7 and 1 hr prior + Benadryl 1 mg/kg PO (Max 50 mg) 1 hr prior.

**OR**

Hydrocortisone 2 mg/kg IV (Max 200 mg) 5 hrs and 1 hr prior + Benadryl 1 mg/kg IV, IM, or PO (Max 50 mg) 1 hr prior.

(urgent, NPO only, ER, inpatient)

Elevate arm (heart level), apply cool compress, remove rings. Observe.

Consider surgical consultation for decreased perfusion, sensation, strength, active range of motion, or increasing pain.

Document reaction & monitor for return of symptoms post-treatment

**HIVES/DIFFUSE ERYTHEMA**

1. Observation; monitor vitals q 15 min. Preserve IV access.

2. If associated with hypotension or respiratory distress then considered **Anaphylaxis:**
   - O₂ 6-10 L/min by face mask
   - IVF 0.9% NS 10-20 mL/kg (max 500-1000 ml); elevate legs > 60°
   - Epinephrine IV or IM or Auto-injector
   - Call 911 or CODE BLUE

3. If ONLY skin findings but severe or progressive, consider Benadryl PO, IM, IV 1 mg/kg (max 50 mg).

The content of this card is for reference purposes only and is not intended to substitute for the judgment and expertise of the physician or other user. User is responsible for verifying currency and applicability of content to clinical situation and assumes all risk of use. www.acr.org/contrast
**HYPOTENSION WITH TACHYCARDIA (ANAPHYLAXIS)**

1. Preserve IV access, monitor vitals q15m
2. O₂ 6-10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS 10-20 mL/kg *(Max 500-1000 mL)*
5. Epinephrine IV, IM, or auto-injector*
6. Call 911 or CODE BLUE

---

**PEDIATRIC HYPOTENSION WITH BRADYCARDIA**

1. Preserve IV access; monitor vitals
2. O₂ 6-10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS 10-20 mL/kg *(Max 500-1000 mL)*
5. If refractory, Atropine 0.02 mg/kg IV *(Max 1 mg infants/children and 2 mg adolescents)*
6. Consider calling 911 or CODE BLUE

---

**EPINEPHRINE DOSING - PEDIATRIC** *(can repeat q5-15 min)*

IV 0.1 mL/kg of 1mg/10ml slowly into IVF (max 1 mL). IM 0.01 mL/kg of 1mg/mL (max 0.3 mL). If between 15-30 kg use pediatric (Jr) auto-injector; if >30 kg use adult auto-injector; if <15 kg follow institutional guidelines

---

**LARYNGEAL EDEMA (INSPIRATORY STRIDOR)**

1. Preserve IV access, monitor vitals
2. O₂ 6-10 L/min by face mask
3. Epinephrine IV, IM, or auto-injector*
4. Call 911 or CODE BLUE

---

**BRONCHOSPASM (EXPIRATORY WHEEZE)**

1. Preserve IV access, monitor vitals
2. O₂ 6-10 L/min by face mask
3. Beta-2 agonist inhaler 2 puffs or nebulizer, can repeat x 3
4. If not responding or severe, add Epinephrine IV, IM, or auto-injector*
5. Call 911 or CODE BLUE

---

*EPINEPHRINE DOSING - PEDIATRIC  *(can repeat q5-15 min)*

IV 0.1 mL/kg of 1mg/10ml slowly into IVF (max 1 mL). IM 0.01 mL/kg of 1mg/mL (max 0.3 mL). If between 15-30 kg use pediatric (Jr) auto-injector; if >30 kg use adult auto-injector; if <15 kg follow institutional guidelines