EXAMPLE PREMEDICATION REGIMENS

HIVES/DIFFUSE ERYTHEMA
Methylprednisolone 32 mg PO 12, 2 hrs prior +/- Benadryl 50 mg PO 1 hr prior.
OR
Prednisone 50 mg PO 13, 7, 1 hours prior +/- Benadryl 50 mg PO 1 hr prior.
OR
Hydrocortisone 200 mg IV 5 hrs and 1 hr prior and Benadryl 50 mg IV 1 hr prior.
(urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION
Elevate arm, cool compress, remove rings. Observe. Consider surgical consultation for decreased perfusion, sensation, strength, active range of motion, or increasing pain.

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 wide open; elevate legs > 60°
   - Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
   - Call 911 or CODE BLUE

3. If ONLY skin findings but severe or progressive may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension

Document reaction & monitor for return of reaction post-treatment

Committee on Drugs and Contrast Media 12/19/2017 (Adult algorithm)
HYPOTENSION WITH TACHYCARDIA

1. Preserve IV access, monitor vitals q 15m
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
6. Call 911 or CODE BLUE

HYPOTENSION WITH Bradycardia

1. Preserve IV access; monitor vitals
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Atropine 0.6-1.0 mg IV if refractory

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
4. Call 911 or CODE BLUE

BRONCHOSPASM (EXPIRATORY WHEEZES)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. B2 agonist inhaler 2 puffs; repeat x 3
4. If not responding or severe, then use Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
5. Call 911 or CODE BLUE

www.acr.org/contrast
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(urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION

Elevate arm, 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 reaction 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 wide open; elevate legs > 60°
   - Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
   - Call 911 or CODE BLUE

3. If ONLY skin findings but severe or progressive may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension
HYPOTENSION WITH TACHYCARDIA

1. Preserve IV access, monitor vitals q 15m
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
6. Call 911 or CODE BLUE

HYPOTENSION WITH BRADYCARDIA

1. Preserve IV access; monitor vitals
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Atropine 0.6-1.0 mg IV if refractory

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
4. Call 911 or CODE BLUE

BRONCHOSPASM (EXPIRATORY WHEEZES)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. B2 agonist inhaler 2 puffs; repeat x 3
4. If not responding or severe, then use Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
5. Call 911 or CODE BLUE

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.

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