

# CLINICAL PRACTICE GUIDELINES



## PREMEDICATION PROTOCOL FOR PATIENTS WHO ARE ALLERGIC TO CONTRAST USED IN MEDICAL IMAGING EXAMS

### Objective:

To establish guidelines for physicians to pre-medicate patients who have had previous reaction to contrast used in Medical Imaging.

### Guideline:

The referring physician is responsible for organizing premedication prior to the patient's examination as well as explaining the premedication protocol with their patients. Medical Imaging staff **do not** administer this medication to patients upon arrival to the department. All patients must make arrangements for a responsible driver to accompany them for their examination.

To decrease the likelihood and severity of a contrast induced reaction, the following steroid premedication protocol is to be followed:

### Premedication Protocol:

#### Non-Urgent Premedication Protocol

1. Prednisone 50 mg PO: 13 hours prior to contrast media injection
2. Prednisone 50 mg PO: 7 hours prior to contrast media injection
3. Prednisone 50 mg PO: 1 hour prior to contrast media injection
4. Diphenhydramine 50mg PO: 1 hour prior to contrast media injection

**Note:** be aware of risk vs benefit in patients with Tuberculosis and Diabetes.

#### Emergency Premedication Protocol (In decreasing order of desirability) PLEASE CHOOSE ONE

1. Methylprednisolone sodium succinate (Solu-Medrol) 40 mg IV or hydrocortisone sodium succinate (Solu-Cortef) 200 mg IV immediately and every 4 hours\* until contrast study required plus diphenhydramine 50 mg IV 1 hour prior to contrast injection.
2. Dexamethasone sodium sulfate (e.g., Decadron®) 7.5 mg IV immediately, and then every 4 hours\* until contrast medium administration, plus diphenhydramine 50 mg IV 1 hour before contrast medium administration.
3. Methylprednisolone sodium succinate (e.g., Solu-Medrol®) 40 mg IV or hydrocortisone sodium succinate (e.g., Solu-Cortef®) 200 mg IV, plus diphenhydramine 50 mg IV, each 1 hour before contrast medium administration.

**Note:** IV steroids have not been shown to be effective when administered less than 4 to 5 hours prior to contrast injection. This regimen, and all other regimens with a duration less than 4-5 hours, has no evidence of efficacy. It may be considered in emergent situations when there are no alternatives

**If you have a patient who is currently prescribed chronic corticosteroid medication, please contact a staff radiologist to discuss premedication options prior to ordering an exam.**

