A. PREMEDICATION IN <u>NON-EMERGENT</u> CASES. IN THESE CASES, CONTRAST AGENT SHOULD BE CHANGED FROM PREVIOUS AGENT THAT CAUSED REACTION. Two frequently used regimens are:

1. Prednisone 50 mg PO 13h, 7h & 1h before contrast injection ***Plus*** ***2. Diphenhydramine (Benadryl®)*** 50 mg IV, IM or PO 1 hour before contrast	***1. Methylprednisolone (Medrol®)*** 32 mg PO 12h & 2h before contrast injection ***And also (if possible)*** ***2. Diphenhydramine (Benadryl®)*** 50 mg IV, IM or PO 1 hour before contrast

B. PREMEDICATION IN <u>EMERGENT</u> CASES. IN THESE CASES, CONTRAST AGENT SHOULD BE CHANGED FROM PREVIOUS AGENT THAT CAUSED REACTION. The first regimen is preferred, but two other options exist as necessary:

<u>PREFERRED:</u>	**<u>LESS DESIREABLE</u> (use for allergy to methylprednisolone or aspirin or NSAIDs):**	**<u>LEAST DESIREABLE:</u>**
1. Steroid at least 4 hours before contrast, and repeated every 4 hours as necessary: ***Methylprednisolone sodium succinate (Solu-Medrol®)*** 40 mg IV ***or*** ***Hydrocortisone sodium succinate (Solu-Cortef®)*** 200 mg IV ***Plus*** ***2. Diphenhydramine (Benadryl®)*** 50 mg IV 1 hour before contrast	1. Steroid, every 4 hours: ***Dexamethasone sodium sulfate (Decadron®)*** 7.5 mg IV ***or*** ***Betamethasone*** 6.0 mg IV ***Plus*** ***2. Diphenhydramine (Benadryl®)*** 50 mg IV 1 hour before contrast	**<u>Omit</u>** steroids (steroids are relatively ineffective in the first 4-6 hours) ***Instead give*** ***Diphenhydramine (Benadryl®)*** 50 mg IV 1 hour before contrast