### 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:

#### PREFERRED:

 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

### Diphenhydramine (Benadryl®)

50 mg IV

1 hour before contrast

# LESS DESIREABLE (use for allergy to methylprednisolone or aspirin or NSAIDs):

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

#### LEAST DESIREABLE:

Omit steroids (steroids are relatively ineffective in the first 4-6 hours)

Instead give

#### Diphenhydramine (Benadryl®)

50 mg IV

1 hour before contrast