

EXAMPLE PREMEDICATION REGIMENS

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)

CONTRAST EXTRAVASATION

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.

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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*).

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**

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

PEDIATRIC

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**