

# Contrast Allergy

## Outpatient Prep



Outpatient oral prep protocol (13 hour prep) for patients with a known allergic-like reaction to IV contrast:

From the 2021 ACR Manual on Contrast Media:

Elective Premedication

Two frequently used regimens are:

1. Prednisone – 50 mg by mouth at 13 hours, 7 hours, and 1 hour before contrast media injection, plus Diphenhydramine (Benadryl®) – 50 mg intravenously, intramuscularly, or by mouth 1 hour before contrast medium.

Or

2. Methylprednisolone (Medrol®) – 32 mg by mouth 12 hours and 2 hours before contrast media injection. An anti-histamine (as in option 1) can also be added to this regimen. If the patient is unable to take oral medication, 200 mg of hydrocortisone intravenously may be substituted for oral prednisone in the Greenberger protocol.

**Patients with a known history of anaphylactic reaction:**

Do not give contrast, proceed with a non-contrast exam, if at all possible.

Radiologist consultation may be considered if a contrast examination is thought to be necessary.

# Contrast Allergy



## Accelerated IV premedication protocol for patients with a known allergic-like reaction to IV contrast:

From the 2021 ACR Manual on Contrast Media:

Inpatient or ED Setting (Emergency Premedication)  
(In Decreasing Order of Desirability)

1. Methylprednisolone sodium succinate (Solu-Medrol®) 40 mg or hydrocortisone sodium succinate (Solu-Cortef®) 200 mg intravenously every 4 hours (q4h) until contrast study required plus diphenhydramine 50 mg IV 1 hour prior to contrast injection.
2. Dexamethasone sodium sulfate (Decadron®) 7.5 mg or betamethasone 6.0 mg intravenously q4h until contrast study must be done in patient with known allergy to methylprednisolone, aspirin, or non-steroidal anti-inflammatory drugs, especially if asthmatic. Also, diphenhydramine 50 mg IV 1 hour prior to contrast injection.

Note: IV steroids have not been shown to be effective when administered less than 4 to 6 hours prior to contrast injection. **THESE PATIENTS ARE TRUE EMERGENCIES AND MUST BE MONITORED BY THE ORDERING PHYSICIAN/SERVICE AS THEY ARE AT RISK FOR SERIOUS CONTRAST REACTION.**

## Patients with a known history of anaphylactic reaction:

Do not give contrast, proceed with a non-contrast exam, except in EMERGENT situations.

Radiologist consultation may be considered if a contrast examination is thought to be necessary.