UMC Health System

CONTRAST ALLERGY PREMEDICATION PROTOCOL

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Premedication Regimen to Reduce Contrast (Premedication Regimen to Reduce Contrast Reactions Protocol) ☐ T;N, ***See Reference Text***
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Accelerated Premedication: Select methylprednisolone and ONE diphenhydramine. **methylPREDNISolone** ☐ 40 mg, IVPush, inj, q4h, x 24 hr, Solu-Medrol To be given every 4 hours until contrast study completed. Premedication for contrast allergy.
	Diphenhydramine to be given 1 hour before study with contrast, if possible. If study to be done in less than one hour, diphenhydramine will be given now. Select the following diphenhydramine if study is to be done in MORE than one hour. **diphenhydrAMINE** ☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.
	Select the following diphenhydramine if study is to be done in LESS than one hour. **diphenhydrAMINE** ☐ 50 mg, IVPush, inj, ONE TIME Premedication for contrast allergy.
	Oral Elective Premedication: To be given 13 hours before study with contrast. **predniSONE** ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 13 hours before study with contrast. Premedication for contrast allergy.
	To be given 7 hours before study with contrast. **predniSONE** ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 7 hours before study with contrast. Premedication for contrast allergy.
	To be given 1 hour before study with contrast. **predniSONE** ☐ 50 mg, PO, tab, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.
	diphenhydrAMINE ☐ 50 mg, PO, cap, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System

CONTRAST ALLERGY PREMEDICATION PROTOCOL

Patient Label Here

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	IV Elective Premedication: (if unable to take oral medications) To be given 13 hours before study with contrast. **methylPREDNISolone** ☐ 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 13 hours before study with contrast. Premedication for contrast allergy.
	To be given 7 hours before study with contrast. **methylPREDNISolone** ☐ 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 7 hours before study with contrast. Premedication for contrast allergy.
	To be given 1 hour before study with contrast. **methylPREDNISolone** ☐ 40 mg, IVPush, inj, Pre Med, x 24 hr, Solu-Medrol To be given 1 hour before study with contrast. Premedication for contrast allergy.
	diphenhydrAMINE ☐ 50 mg, IVPush, inj, Pre Med, x 24 hr To be given 1 hour before study with contrast. Premedication for contrast allergy.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____