

This protocol assumes that if a patient has a history of a previous severe IV contrast reaction and still needs to receive IV contrast that in addition to having support personnel available at the time of the scan that the patient should also receive the pre-medications that are recommended for the patients with a history of a moderately severe reaction.

Diversified Radiology of Colorado

Contrast Reaction

Pediatric Pre-Medication Guidelines

Updated 12/27/13

CATEGORIES/SIGNS/SYMPTOMS OF PRIOR REACTIONS

NOTE: Seafood/shellfish “allergies” are unrelated to iodine (they are felt secondary to proteins) therefore are not a valid indication for premedication or a reason to avoid IV contrast.

MILD REACTION – Recommended pretreatment: NONE

Self limited symptoms without evidence of progression.

Nausea/vomiting	Altered taste	Sweats	Cough	Itching
Nasal stuffiness	Warmth (heat)	Pallor	Anxiety	Headache
Flushing	Dizziness	Shaking/Chills		

MODERATE REACTION – Recommended pretreatment:

Prednisone 0.5-0.7 mg/kg PO (up to 50 mg) 13, 7, and 1 hrs prior to contrast injections.
Benadryl – 1.25 mg/kg PO (up to 50mg) 1 hr prior to contrast injection

NOTE: Appropriate intravenous doses may be substituted for patients who cannot ingest PO medication.

Moderate degree of focal or systemic signs or symptoms

Tachycardia/bradycardia	Hypotension	Bronchospasm	Wheezing
Hypertension	Dyspnea	Rash/hives	Pronounced skin reaction
Swelling: eyes/face	Laryngeal spasm		

Remember, in an emergency the shortest effective time interval between pretreatment and injection is felt to be 6 hours (12 hours is preferable).

SEVERE REACTION – Recommended pretreatment:

Consider alternate testing for diagnosis. If IV contrast is considered vital, have emergency personnel readily available and consider having anesthesiologist or intensivist present.

Laryngeal edema	Profound hypotension	Unresponsiveness
Convulsions	Cardiopulmonary arrest	Clinically manifest arrhythmias

*Reference: ACR Manual on Contrast Media Version 9, 2013