

- Facilities:
- Ascension St. Vincent's Riverside
 - Ascension St. Vincent's Southside
 - Ascension St. Vincent's Clay County
 - Ascension St. Johns County

AFFIX PATIENT LABEL

RAD/CARD Contrast Allergy Premedication

Non Categorized

Last Revision Date

- 2019/09

Medications

- Select the Corticosteroid AND Antihistamine order from one of the 4 Protocols below based on the Urgency of the Patient's need for the Examination
- Coordinate with CT or MR Technologist on the timing of examination
- Consider decreasing Benadryl dose to 25 mg in patients over 65 years of age

Oral Non Urgent Premeds (req 13 hrs)

Deltasone

- 50 mg tab oral once_onCALL 13 hrs prior to Contrast Administration T;N

Deltasone

- 50 mg tab oral once_onCALL 7 hrs prior to Contrast Administration T;N

Deltasone

- 50 mg tab oral once_onCALL 1 hr prior to Contrast Administration T;N

- *****AND*****

Benadryl

- 50 mg tab oral once_onCALL 1 hr prior to Contrast Administration T;N

- *****OR if patient is allergic to Benadryl, use Zyrtec *****

ZyrTEC

- 10 mg tab oral once_onCALL 1 hr prior to Contrast Administration T;N

IV Non Urgent Premedication (req 13 hr)

Decadron

- 8 mg inj IV slow push once_onCALL 13 hrs prior to Contrast Administration T;N

Decadron

- 8 mg inj IV slow push once_onCALL 7 hrs prior to Contrast Administration T;N

Decadron

- 8 mg inj IV slow push once_onCALL 1 hr prior to Contrast Administration T;N

- *****AND*****

Benadryl

- 50 mg inj IV slow push once_onCALL 1 hr prior to Contrast Administration T;N

- *****OR if patient is allergic to Benadryl, use Zyrtec *****

ZyrTEC

- 10 mg tab oral once_onCALL 1 hr prior to Contrast Administration T;N

Urgent Premedication (req 4 hrs)

Decadron

- 8 mg inj IV slow push once_onCALL 4 hrs prior to Contrast Administration T;N

- *****AND*****

Benadryl

- 50 mg inj IV slow push once_onCALL 1 hr prior to Contrast Administration T;N

- *****OR if patient is allergic to Benadryl, use Zyrtec *****

ZyrTEC

- 10 mg tab oral once_onCALL 1 hour prior to contrast administration

Emergent Premedication (req 1 hr)

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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Decadron

- 8 mg inj IV slow push once_onCALL 1 hr prior to Contrast Administration T;N

● *****AND*****

Benadryl

- 50 mg inj IV rapid push once_onCALL 1 hr prior to Contrast Administration T;N

● *****OR if patient is allergic to Benadryl, use Zyrtec*****

ZyrTEC

- 10 mg tab oral once_onCALL 1 hr prior to Contrast Administration T;N

Nursing Signature _____ Date/Time _____

Physician Signature _____ Date/Time _____



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