

- Power Plan Name - RAD Contrast Allergy Pre Med 12 Hr IV Routine

FIRST SECTION - CONTRAST SELECTION

- **Verbiage** - Order Omni-300 for routine CTs.
- **Order** - Omnipaque-300 (100 mL, inj, IV slow push, once)
- **Verbiage** - Order Omni-350 for CTAs.
- **Order** - Omnipaque-350 (100 mL, inj, IV slow push, once)
- **Verbiage** - Consider using Visipaque-320 in CT patients with prior severe allergy to Omnipaque.
- **Order** - Visipaque-320 (100 mL, inj, IV slow push, once)
- **Verbiage** - Order Clariscan for MRIs.
- **Order** - Clariscan (20 mL, inj, IV slow push, once)

All of these orders will be unchecked by default.

SECOND SECTION - PRE MEDICATIONS

- **Verbiage** - Both steroid and antihistamine are required (unless there is a contraindication).
- **Verbiage** - Select both steroid orders and only one antihistamine order.
- **Verbiage** - Recommend decreasing diphenhydramine dose to 25 mg in patients over 65 years of age.
- ✓ **Order** - Dexamethasone (8 mL, inj, IV slow push, once, on call, 12 hours prior to contrast).
- ✓ **Order** - Dexamethasone (8 mL, inj, IV slow push, once, on call, 2 hours prior to contrast).
- ✓ **Order** - Diphenhydramine (50 mL, inj, IV slow push, once, on call, 1 hour prior to contrast).
- **Order** - Diphenhydramine (25 mL, inj, IV slow push, once, on call, 1 hour prior to contrast).
- **Order** - Zyrtec (10 mg tab, oral, once, on call, 1 hour prior to contrast).

✓ indicates order is checked by default.