Cabell Huntington Hospital

Radiology

Premedication for Allergy to Radiology IV Contrast

Directions: 1. Indicate choice when options are available by placing a check in the box ☑
2. Mark through entire line any prechecked item you ***do not*** wish to order ~~☑ Mark through~~

Attending Physician: Diagnosis:

☐Observation Status ☐Admission for Inpatient Care ☐Admit or transfer to: _____Unit

ALLERGIES: ☐NKA **ALLERGIC to:** Radiology IV Contrast

MEDICATIONS:

☐ **Follow Emergency Premedication Protocol:**

☑ **Hydrocortisone (Solucortef)** 100 mg IV prior to IV contrast injection; PLUS

☑ **Diphenhydramine (Benadryl)** 50 mg IV prior to IV contrast injection

MEDICATIONS:

☐ **Follow 24 hour Protocol:**

☑ **Prednisone (Deltasone)** 40 mg PO at *24 hours* prior to IV contrast injection; PLUS

☑ **Prednisone (Deltasone)** 40 mg PO at *12 hours* prior to IV contrast injection; PLUS

☑ **Prednisone (Deltasone)** 40 mg PO at *one (1) hour* prior to IV contrast injection

COMMUNICATION:

☑ **Visipaque** is to be used on patients with noted history of contrast allergy

ADDITIONAL ORDERS:

Physician Pager Date_____/_____/_____Time:

☐ Verbal Order Verification Signature Date_____/_____/_____Time:

Patient Identification