

PROTOCOL FOR: Allergy to Contrast Media

1. All patients receiving contrast media will be screened for allergy to IV contrast dye and oral contrast dye as well as allergy to shellfish and iodine prior to receiving contrast.
2. If the patient has a suspected or known allergy the ordering physician and the radiologist are to be contacted:
  - a. Confirm the need for the contrast to complete the study.
  - b. Inform the physician of the allergy and obtain orders (pre-medication/cancel case)
3. All patients who require pre-medication for contrast allergies shall be medicated using the following guidelines:
  - a. **Scheduled Appointments:**
    - 13 hours prior to scheduled appointment give Prednisone 50mg orally
    - 7 hours prior to scheduled appointment give Prednisone 50mg orally
    - 1 hour prior to scheduled appointment give Prednisone 50mg orally and Benadryl 50mg orally.
  - b. **Emergency Cases:**
    - 15 minutes prior to procedure give Solucortef 200mg IV and Benadryl 50mg IV.

DESIRED PATIENT  
OUTCOME:

1. Patients with suspected or confirmed contrast allergies will be appropriately screened prior to administration of contrast.
2. The patient will be given the appropriate prophylactic medications prior to the contrast media administration.
3. The patient/family will demonstrate knowledge of pre-medication management.
4. The patient/family will demonstrate the knowledge of the expected responses to the administration of the pre-medications for contrast allergies.
5. The patient/family will demonstrate the knowledge of the signs and symptoms of an allergic reaction to contrast.

CLINICAL  
ASSESSMENT  
AND CARE:

Pre-procedure

1. Assess the patient's prior history for contrast, iodine or shellfish allergies.
2. Notify the radiologist when pre-medication for contrast allergy is indicated.
3. Notify the radiologist if the patient is taking any drugs that may effect the pre-treatment regime (beta-blockers, tricyclic antidepressants or MAOs).
4. If the patient is pre-scheduled confirm the pre-medication protocol has been followed as directed.
5. If the patient is an emergent case administer pre-medications per physician orders.
6. Review the signs and symptoms of allergic reaction with the patient, having them demonstrate adequate understanding.
  - Signs and symptoms of allergic reaction include but are not limited to:
    - a. Skin: redness, hives, pruritis, flushing, urticaria
    - b. Respiratory: nasal congestion, rhinorrhea, itchy throat or nose, difficulty breathing, wheezing, coughing
    - c. Ocular: itchy, watery eyes, edema
    - d. GI: nausea, vomiting, diarrhea, abdominal cramps
    - e. Cardiovascular: dizziness, syncope, chest pain, palpitations.
    - f. Neurological: headache, rarely seizures

#### Intra-Procedure

1. Maintain IV access for emergency medications.
2. Assess for signs and symptoms of allergic reaction.
3. If initial indications of allergic reaction are reported or observed, discontinue procedure and notify the Radiologist and Radiology Nurse immediately. Based on presenting symptoms and physician's orders IR Nurse will administer additional medications to combat the allergic reaction, obtain code cart or call Rapid Response/Code Blue x 7777, prn.

#### Post-Procedure

1. Observation as directed by Radiologist.
2. Care per post-procedure protocol unless otherwise ordered.
3. Provide patient/family with discharge instructions regarding the return of symptoms and actions needed.
4. Educate patient/family regarding the allergy and the need to inform staff of their allergy prior to any radiological study involving contrast media.
5. Verify patient/family understanding of teaching prior to discharge.

EFFECTIVE DATE: 10/92  
REVISION DATES: 10/94, 01/98, 07/00, 10/03, 03/08