I. INDICATIONS

A. For patients with a significant increased risk of reaction to non-ionic contrast as reported in literature. They include:
   1. Previous reaction to non-ionic contrast,
   2. Multiple allergies
   3. Active symptomatic asthma.
      a. These patients will be recommended to be pre-medicated prior to an injection of non-ionic contrast.
         i. Standard guidelines for prep will be supplied.
         ii. Actual treatment is at the discretion of the referring physician.
         iii. Studies will not be refused as long as the referring physician determines a prep is not necessary or required.

B. For previous anaphylactic reaction—CONSULT A RADIOLOGIST FIRST.

II. NO CONTRAST

A. For Sickle Cell patients IN CRISIS.
B. Multiple myeloma & Waldenstroms—only if there is elevated Para Protein level or renal insufficiency.

III. RECOMMENDED PREP

A. ROUTINE ALLERGY or ACTIVE ASTHMA PREP:
   1. 32 mg of Methylprednisolone (Medrol®) PO 32 mg-12 hours before Radiology or CT exam.
   32 mg of Methylprednisolone (Medrol®) PO 32 mg -2 hours before Radiology or CT exam.
      Or
   2. Prednisone – 50 mg by mouth at 13 hours, 7 hours and 1 hour before contrast media injection.

B. OPTIONAL
   1. In addition to above prep (+ or - ) Benedryl 25-50mg—DO NOT DRIVE !!

C. MEDICATIONS MUST BE ORDERED BY THE PATIENT'S ORDERING PHYSICIAN.

D. For any prep or medication concerns—Consult a Radiologist.

IV. PROCEDURE

A. To follow instructions for allergy prep for patients presenting with a history of Allergy to Non-Ionic IV Contrast PRIOR to injection of Non-Ionic IV Contrast for CT scan or Radiology procedure.
V. EMERGENCY

A. LIFE or DEATH situation ONLY

   (IV prep has NOT been proven efficacious in current literature)

PE STUDIES get a VQ scan.

For Emergency Prep—Contact CT Dept. or Radiologist

See Link: Allergy Prep Form *IHN*