

Contrast Premedication Protocol

Reference: ACR Manual on Contrast Media, Version 10.1 (2015), The American College of Radiology, <http://www.acr.org/quality-safety/resources/contrast-manual> accessed 10/11/15.

Elective Premedication

Two frequently used regimens are:

1. Prednisone – 50 mg by mouth at 13 hours, 7 hours, and 1 hour before contrast media injection, plus Diphenhydramine (Benadryl®) – 50 mg intravenously, intramuscularly, or by mouth 1 hour before contrast medium.
2. Methylprednisolone (Medrol®) – 32 mg by mouth 12 hours and 2 hours before contrast media injection. An antihistamine (as in option 1) can also be added to this regimen injection. If the patient is unable to take oral medication, 200 mg of hydrocortisone intravenously may be substituted for oral prednisone in the Greenberger protocol.

Emergency Premedication

(In Decreasing Order of Desirability)

1. Methylprednisolone sodium succinate (Solu-Medrol®) 40 mg or hydrocortisone sodium succinate (Solu-Cortef®) 200 mg intravenously every 4 hours (q4h) until contrast study required plus diphenhydramine 50 mg IV 1 hour prior to contrast injection.
2. Dexamethasone sodium sulfate (Decadron®) 7.5 mg or betamethasone 6.0 mg intravenously q4h until contrast study must be done in patient with known allergy to methylprednisolone, aspirin, or non-steroidal anti-inflammatory drugs, especially if asthmatic. Also, diphenhydramine 50 mg IV 1 hour prior to contrast injection.
3. Omit steroids entirely and give diphenhydramine 50 mg
IV Note: IV steroids have not been shown to be effective when administered less than 4 to 6 hours prior to contrast injection.