

Radiology Premedication Protocol

Protocol Number: RAD.900.006-2

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Section:	Imaging Services
Protocol Owner:	Ed Jones
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"We believe in the dignity of all and the promotion of human wholeness."

I. PROTOCOL

Elective Premedication (12 hours)

Oral: 32 mg methylprednisolone orally 12 hours and 2 hours before contrast medium administration.

IV: 40 mg methylprednisolone IV 12 hours and 2 hours before contrast medium administration.

(discordance is because the IV data uses 200 hydrocortisone which is equivalent to 40 methylprednisolone)

Elective premedication maybe considered in the following settings:

1. Outpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium (e.g., iodinated – iodinated).
2. Emergency department patient or inpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium (e.g., iodinated – iodinated) in whom the use of premedication is not anticipated to adversely delay care decisions or treatment.

Accelerated Premedication (4-5 hours)

Methylprednisolone 40 mg IV or hydrocortisone 200 mg IV immediately, and every 4 hours until contrast medium administration, plus diphenhydramine 50 mg IV 1 hour before contrast medium administration.

Accelerated premedication may be considered in the following settings:

1. Outpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium (e.g., iodinated – iodinated) who has arrived for a contrast-enhanced examination but has not been premedicated and whose examination cannot be easily rescheduled.
2. Emergency department patient or inpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium (e.g., iodinated – iodinated) in whom the use of 12-hour premedication is anticipated to adversely delay care decisions or treatment.

Premedication regimens less than 4-5 hours in duration have not been shown to be effective. No premedication strategy is a substitute for pre-administration preparedness as reactions occur despite premedication. In a critical patient, a physician may, upon discussing with the patient and carefully weighing the risks of contrast reaction against the benefit of obtaining a contrast-enhanced scan sooner, elect to administer contrast media before the completion of the above regimens.

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II. ASSOCIATED DOCUMENTS / REFERENCES:

1. American College of Radiology: Manual on Contrast Media

III. REVISIONS/APPROVALS

Original Creation: Radiology Committee March 20, 2024

Stamatis Kantartzis, MD, Radiology March 20, 2024

Pharmacy & Therapeutics Committee, ~~July 23, 2024~~ **September 23, 2025**

Medical Executive Committee, ~~August 8, 2024~~ **October 9, 2025**