

	Medication	Dose
PREMEDICATION	Medrol (methylprednisolone) Benadryl	32 mg p.o. 12 hours & 2 hrs prior to exam 50 p.o. Or IM 1 hr prior to exam
HIVES		
Asymptomatic	None	Observe until resolving
Symptomatic	Chlortrimeton (Chlorpheniramine) OR Benadryl (Diphenhydramine)	10 mg IM or IV 50 mg IM or IV (avoid driving afterwards, consider starting IV
DIFFUSE ERYTHEMA ANGIOEDEMA	Benadryl (Diphenhydramine) AND Solu cortef (Hydrocortisone)	50 mg IM or IV Monitor ABCs for Shock Start IV 100 mg in 100 cc NS drip in rapidly
LARYNGEAL EDEMA		
Mild	Epinephrine (SubQ 1:1000)	SubQ 0.1-0.3 ml (1:1000). Can repeat up to 1.0 ml start IV and O2
Severe	Epinephrine (IV 1:10,000) Solu cortef (Hydrocortisone)	IV 1.0-3.0 ml IV slow push. Can repeat up to 10.0ml 100 mg in 100 ml of NS Start IV and O2
BRONCHOSPASM		
Mild	Nebulizer (Ventolin or Proventil)	2 puffs and inhale Start O2
Moderate	Epinephrine (SubQ 1:1000)	SubQ 0.1-0.3 ml (1:1000). Can repeat up to 1.0 ml Start O2 and IV
Severe	Epinephrine (IV 1:10,000)	IV 1.0-3.0 ml (1:10,000) slow push. Can repeat up to 10.0 ml Start O2 and IV Call CODE
HYPOTENSION WITH BRADYCARDIA		
Mild	IV fluids (normal saline)	Normal saline 0.5-1.0 liters rapidly O2 Elevate legs Follow B/P
Severe	Add Atropine (IV)	0.6-1.0 mg IV slowly. Can repeat up to 2.0 mg dose Call CODE
HYPOTENSION WITH TACHYCARDIA		
Mild	IV fluids (normal saline)	0.5 L IV rapidly O2 and elevate legs
Severe	Add Wyamine (mephentermine sulfate) OR Epinephrine (IV 1:10,000)	30 mg (2 ml, 1 amp) IV rapidly monitor B/P Call CODE 1.0-3.0 ml (1:10,000) IV slowly. Can repeat up to 10.0ml Call CODE
HYPERTENSIVE CRISIS (Diastolic B/P > 130mm Hg)	O2 Nitroglycerine Lasix (Furosamide)	10L/min (1) 0.4mg tablet sublingual. Can repeat q 5-10 min. 40 mg IV slowly
CONTRAST EXTRAVASATION		Elevate extremity. Cold compresses x 12 hours. Watch for compartment syndrome and skin sloughing Complete Incident Report and Progress Note