

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