

 COLLINGWOOD G&M HOSPITAL	Document: Policy and Procedure	Primary Manual: Diagnostic and Therapeutic	Folder: Diagnostic Imaging - CT
Title: <p style="text-align: center;">CT CONTRAST PREMEDICATION GUIDELINES</p>			
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Purpose

The purpose of this document is to establish consistent guidelines and practices to prevent further contrast reactions in patients who have had previous allergic reactions to contrast media used in CT imaging.

Clinical Practice Guideline

For patients who have previously had a contrast reaction, consideration should be given to an alternative diagnostic procedure that does not require contrast administration. When it is deemed the administration of contrast media is required for diagnostic purposes, the following guidelines should be used regarding premedication to prevent or minimize further reactions to the contrast media.

The following guidelines are based on the recommendations from the American College of Radiology (ACR):

12- or 13-hour oral 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).
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 IV premedication may be considered in the following settings:

1. Emergency department patient or inpatient with a prior allergic-like or unknown-type contrast reaction to the same class of contrast medium in whom the use of 12- or 13-hour premedication is anticipated to adversely delay care decisions or treatment.

Procedure

Options for premedication treatments are listed below, based on the ACR recommendations, and patient condition and situation should be considered on an individual, case-by-case basis.

12-13 Hour Premedication	Accelerated IV Premedication (4-5 Hours)
Prednisone 50 mg PO 13, 7, 1 hours prior +/- diphenhydramine 50 mg PO 1 hour prior OR Methylprednisolone 32 mg PO 12, 2 hours prior +/- diphenhydramine 50mg PO 1 hour prior	Methylprednisolone sodium succinate 40 mg IV or hydrocortisone sodium succinate 200 mg IV immediately. Repeat every 4 hours until CT, Plus diphenhydramine 50 mg IV 1 hour prior

Note: As per the ACR: "Premedication regimens less than 4-5 hours in duration (oral or IV) have not been shown to be effective.

References

ACR Manual on Contrast Media, Version 10.3, 2018, ACR Committee on Drugs and Contrast Media

<https://www.acr.org/Clinical-Resources/Contrast-Manual>

Adverse Reactions to Contrast Media: A Canadian Update. Canadian Association of Radiologists Journal

[https://www.carjonline.org/article/S0846-5371\(16\)30043-2/fulltext](https://www.carjonline.org/article/S0846-5371(16)30043-2/fulltext)

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