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## MANAGEMENT OF PEDIATRIC PATIENTS WITH HISTORY OF REACTION TO CONTRAST MEDIA

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Fax number:	
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Address:	
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Completed by the Radiology Department Staff at Weill Cornell Imaging at NewYork-Presbyterian	
Name of Staff:	
Title of Staff:	
Date Sent:	
Dear Dr:	
Your patient,	was referred to the Radiology Department at New York-
	oital to undergo an intravenous contrast procedure. During scheduling or assessment of your e procedure, we have learned that your patient has a history or strong suspicion of prior allergy ntrast media.

In order for your patient to safely undergo the required contrast procedure, our radiologists recommend that your patient be treated using one of the following prophylactic treatment regimens in order to avoid or minimize the possibility of a recurrent reaction to contrast media.

## Recommended Prophylactic Treatment Regimen for Pediatric Patients with History Reaction to Contrast Media:

## **Treatment Regimen # 1: Oral Regimen**

Prednisone 0.5 mg/kg up to 50 mg PO 13 hours prior to procedure Prednisone 0.5 mg/kg up to 50 mg PO 7 hours prior to procedure Prednisone 0.5 mg/kg up to 50 mg PO 1 hours prior to procedure Diphenhydramine 1mg/kg up to 50 mg PO 1 hour to procedure

Or

## Treatment Regimen # 2: (If cannot ingest oral medication)

Methylprednisolone 0.5 mg/kg IV at 13 hours prior to procedure Methylprednisolone 0.5 mg/kg IV at 7 hours prior to procedure Methylprednisolone 0.5 mg/kg IV at 1 hours prior to procedure Diphenhydramine 1 mg/kg up to 50 mg IV 1 hour prior to procedure

We will be rescheduling your patient for the exam according to this treatment requirement. If you would like to contact us to discuss further, please call 212-746-6000.

Thank you for your cooperation.

Reviewed: February 2025