

Radiology protocol for allergic reaction to contrast

Mild Reactions

1. Discontinue injection if not completed, except with N/V (see #5 below)
2. No treatment needed in most cases. Patient reassurance.
3. Diphenhydramine 25 mg-50 mg PO/IV
4. Maintain IV
5. For nausea and vomiting: stop or slow injection, reassure patient, may give ondansetron 10 mg IM
6. For urticaria give diphenhydramine 25-50 mg PO/IM/IV or Hydroxyzine (Vistaril) PO/IV/IM 25-50 mg
7. Notify house staff.
8. Document reaction in patient care notes and on occurrence form.

Moderate Reactions-

1. Always maintain IV if possible. If patient does not have an IV infusing prepare NS or D5W at KVO.
2. Notify house staff. If reaction progresses acutely, the RN or MD should administer SC epinephrine 1:1,000, as discussed below, while waiting on the physician. This is to avoid further complications.
3. For all reactions initiate O2 6-10L/min via face mask and obtain vital signs.
4. For severe urticaria epinephrine 1:1,000 SC 0.1-0.3mg can be given. Contraindicated in severe cardiac disease.
5. For facial/laryngeal edema give epinephrine 1:1,000 0.1- 0.2mg. s.c. If there is evidence of hypotension give epinephrine (1:10,000) .1mg or 1cc slowly IV. IV epinephrine should be administered by the MD, unless the RN is certified in ACLS. Repeat PRN up to a maximum of 1.0 mg.

6. If patient is not responding to therapy or obvious laryngeal edema (acute), notify anesthesia or call the airway team at x 4111.
7. For bronchospasm administer beta agonist inhalers such as metaproteranol (Alupent), terbutaline (Brethaire) or albuterol (Proventil). For mild bronchospasm give 0.1- 0.3mg epinephrine SC. If bronchospasm advances acutely administer epinephrine (1:10,000) slowly IV. Once again if the patient is not responding to the treatment stat page anesthesia
8. Transfer patient to the appropriate unit. If patient is an outpatient notify nursing leadership.
9. Document reaction in patient care notes and on occurrence form.

Severe Reactions/Anaphylaxis

1. For severe reactions call the Airway team immediately.
2. Notify house staff and monitor vital signs, including EKG.
3. For all patients maintain IV and provide fluid replacement of LR or NS.
4. For all patients initiate O2 at 6-10 L/min via face mask.
5. For hypotension with bradycardia (possible vagal reaction) elevate legs up to 60 degrees or more (preferred) or trendelenberg position.
6. Prepare .6 -1.0 mg atropine for IV administration. Repeat atropine up to a dose of 2 mg (for adults).