

PRE-MEDICATIONS ALLERGIC REACTIONS



CODE BLUE #: _____

Committee on Drugs and Contrast Media 12/19/2017 (Adult algorithm)

Document reaction & monitor for return of reaction post-treatment

EXAMPLE PREMEDICATION REGIMENS

Methylprednisolone 32 mg PO 12, 2 hrs prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Prednisone 50 mg PO 13, 7, 1 hours prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Hydrocortisone 200 mg IV 5 hrs and 1 hr prior
and Benadryl 50 mg IV 1 hr prior.
(urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION

Elevate arm, cool compress, remove rings.
Observe. Consider surgical consultation for
decreased perfusion, sensation, strength,
active range of motion, or increasing pain.

HIVES/DIFFUSE ERYTHEMA

1. Observation; monitor vitals q 15 min.
Preserve IV access
2. If associated with hypotension or respiratory distress then considered **Anaphylaxis**:
 - O2 6-10 L/min by face mask
 - IVF 0.9% NS wide open; elevate legs > 60°
 - Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
 - Call 911 or CODE BLUE
3. If *ONLY* skin findings but severe or progressive may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension

HYPOTENSION WITH TACHYCARDIA

1. Preserve IV access, monitor vitals q 15m
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
6. Call 911 or CODE BLUE

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
4. Call 911 or CODE BLUE

HYPOTENSION WITH BRADYCARDIA

1. Preserve IV access; monitor vitals
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Atropine 0.6-1.0 mg IV if refractory

BRONCHOSPASM (EXPIRATORY WHEEZES)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. B2 agonist inhaler 2 puffs; repeat x 3
4. If not responding or severe, then use Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
5. Call 911 or CODE BLUE

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