### ELECTIVE PREMEDICATION

Methylprednisolone (Medrol):
- 32 mg PO 12 hours and 2 hours before contrast media injection.
- 50 mg Benadryl PO may be added 1 hour before exam @ discretion of the referring physician or radiologist

### EMERGENT PREMEDICATION

Methylprednisolone (Solumedrol):
- 40 mg IV every 4 hours until exam
  AND
- Benadryl 50mg IV one hour prior to contrast injection.

**SAMPLE DOSING REGIMEN:**
- 40mg Solumedrol 6 hours prior to exam
- 40 mg Solumedrol 2 hours prior to exam
- 50 mg Benadryl 1 hour prior to exam

---

**NOTE:**
IV steroids have not been shown to be effective when administered less than 4-6 hours prior to contrast injection.
SHELLFISH ALLERGIES

ACR and Your RCC Agree - Shellfish Allergy DOES NOT PREDICT Iodinated Contrast Allergy

Risk Factors for Adverse Intravenous Contrast Material Reactions

Allergy: With regard to specific risk factors, a history of a prior allergy-like reaction to contrast media is associated with an up to five fold increased likelihood of the patient experiencing a subsequent reaction [1]. Additionally, any allergic diathesis predisposes individuals to reactions. This relationship is difficult to define, since many individuals have at least a minor allergy, such as seasonal rhinitis, and do not experience reactions. True concern should be focused on patients with significant allergies, such as a prior major anaphylactic response to one or more allergens.

The predictive value of specific allergies, such as those to shellfish or dairy products, previously thought to be helpful, is now recognized to be unreliable [2–3]. A significant number of health care providers continue to inquire specifically into a patient’s history of “allergy” to seafood, especially shellfish [4]. There is no evidence to support the continuation of this practice [4–5].

References

NOTE: While shellfish allergies are not “cross-reactive” with iodinated contrast, any identified allergy, particularly when multiple or severe, increases the overall risk of an allergic or allergic-like reaction to contrast material. For example, in a patient with no other allergies but with a reported history of hives with shellfish ingestion, no premedication should be required. In a patient with an anaphylactoid reaction to shellfish requiring hospitalization and numerous other severe food and medication allergies, consideration to a full steroid prep with Benadryl or non-contrast alternatives might be advisable. Each decision regarding the use of contrast is unique and can be individualized based on the clinical situation of any given patient.

Did you know?
The European Society of Genitourinary Radiology now recommends the use of epinephrine auto-injectors for treatment of contrast reactions. They are now recognized by the ACR as a viable alternative to SQ and IV epinephrine as well.

Questions? Comments?
dougsheafor@gmail.com

Upcoming Issue:
EpiPen epinephrine autoinjectors being deployed in radiology departments: dosing and use considerations.

CHARLOTTE
RADIOLOGY.COM