

ACR-Proposed Premedication Regimen to Reduce Contrast Reactions

According to the version #7 (2010) ACR Manual on Contrast Media, the following regimens are recommended for premedication of patients at risk for developing contrast reaction.

Elective Premedication

1. Prednisolone: 50 mg PO at 13 hours, 7 hours and 1 hour before contrast media injection, PLUS Diphenhydramine 50 mg IV, IM or PO 1 hour before contrast medium *OR*
2. Methylprednisolone 32 mg PO 12 hours and 2 hours before contrast media injection. An anti-histamine (as in option 1) can be added. If unable to take oral medication, use hydrocortisone 200 mg IV instead

Emergency Premedication

1. Methylprednisolone 40 mg or hydrocortisone 200 mg IV every 4 hours until contrast study required PLUS Diphenhydramine 50 mg IV 1 hour prior to contrast injection *OR*
2. Dexamethasone 7.5 mg or betamethasone 6 mg IV every 4 hours until contrast study PLUS diphenhydramine 50 mg IV 1 hour prior to contrast injection *OR*
3. Omit steroid entirely and give diphenhydramine 50 mg IV

"IV steroids have not been shown to be effective when administered less than 4 to 6 hours prior to contrast injection."

Reference:

ACR Manual on Contrast Media (7th version, 2010)