

## Physician Orders ADULT: RAD Contrast Allergy Plan

	Phase ets/Protocols/Po	owerPlans		
	Initiate Powerpla  Phase:	n Phase	ion Phase (DEF)*, When to Initiate: hase, When to Initiate:	
Non-E	mergent Premed	ication Phase		
		o receiving contrast med	ia. (NOTE)*	
	<b>+12 Hours</b> dipho	enhydrAMINE Cap, PO, once, Routine		
			our prior to scheduled contrast injection.	
		Tab, PO, q6h, Routine, (for	3 dose )	
Emerg Medica	ent Premedications	on Phase		
	If the radiologic regimen below.		yed for 4-5 hours, please select pre-med	ications from the
	+4 Hours dipher	nhydrAMINE Injection, IV Push, once, Ro	nutine	
	Only choose ON	E of the corticosteroids bel		
П		loione Injection, IV Push, q4h, Rou ion below if allergic to meth		
	dexamethasone	· ·	,	
	8 mg, Injection, IV Push, q4h, Routine, (for 2 dose) Emergent use ONLY! WARNING: The regimen and all other regimens with a duration less than 4-5			
	hours, has no evidence of efficacy. It may be considered in emergent situations when there are no other alternatives and the benefits of the procedure outweighs the risk of allergic reaction from contrast. (NOTE)*			
	diphenhydrAMIN	•	ΓΔΤ	
	Only choose ON	E of the corticosteroids bel		
	methylPREDNISolone sodium succinate  40 mg, Injection, IV Push, once, STAT  Consider the option below if allergic to methylprednisolone.(NOTE)*			
	dexamethasone 8 mg, Injection, IV Push, once, STAT			
-	Date	Time	Physician's Signature	MD Number

## \*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order