

Radiology-CT Scan Department 200 Jefferson, S.E. Grand Rapids, MI 49503 (616) 685-6616

Patient Name:			
Date:	Ti	me:	
Address:			
The only absolute co cardiac arrest at the			n is a history of anaphylaxis /
Rx Options:			
Recommende	ed		
□Prednisone	50 mg		
(PO) x 3 dos	•		
Administer 13, 7 and 1 hour prior to procedure.			
Plus			
Benadryl 50	mg		
(PO or IV) x			
Administer :	1 hour prior to proc	edure.	
OR			
□Methylpred	dnisolone 32 mg		
(PO) x 2 dos	es		
Administer : Plus	12 and 2 hour prior	to procedure.	
Benadryl 50	mg		
(PO or IV) x	1 dose		
Administer	1 hour prior to proc	edure.	
*If a patient is unable	e to take oral medic	ations, or allergies to a	bove medications:
□Hydrocorti	sone 200 mg		
(IV) x 3 dos	es		
Administer Plus	13, 7 and 1 hour pr	ior to procedure.	
Benadryl 5	0 mg		
(PO or IV) x			
Administer	1 hour prior to proc	cedure.	
Physician Signature:		Date:	Time: