



Contrast Media Reaction — Prevent, Recognise, Treat

Before: the risk questions and kidney check. During: the signs. After: the treatment by severity, with doses, and the report

Before contrast — ask and check

Question / check	If yes
Previous reaction to contrast? (what, how severe)	Previous moderate/severe reaction: consider alternative imaging; if essential, radiologist decides; premedication is not reliable protection; full emergency readiness
Asthma, severe allergy, on beta-blockers	Higher risk — radiologist aware; observe 30 min after
Kidney disease, diabetes, dehydration, age > 70, metformin	eGFR within 3 months (within 7 days if acute illness). eGFR < 30: avoid iodinated contrast unless essential; hydrate; radiologist decides. Metformin: continue if eGFR ≥ 30; hold 48 h after contrast if eGFR < 30 or acute kidney injury
Pregnancy / breastfeeding	Iodinated: check thyroid function in the newborn if given in pregnancy; breastfeeding may continue. Gadolinium: avoid in pregnancy unless essential
Thyroid disease (iodinated)	Hyperthyroidism: endocrine advice; delay if possible
IV cannula patent, flushed; patient told what to expect (warmth, metallic taste) and what to report (itch, swelling, breathlessness)	Proceed; observe 15–30 min after

Reaction — treat by grade

Grade	Signs	Treatment
Mild	Limited urticaria, itch, nausea, mild flushing	Observe; antihistamine (e.g. cetirizine 10 mg or chlorphenamine 4 mg oral) if symptomatic; keep cannula; observe 30 min
Moderate	Widespread urticaria, facial swelling without airway involvement, bronchospasm with normal SpO ₂ , vasovagal (bradycardia + hypotension)	Call the doctor. Oxygen 6–10 L/min. Bronchospasm: salbutamol inhaler via spacer or nebuliser. Urticaria: chlorphenamine 10 mg IM/IV. Vasovagal: legs up, fluids, atropine 0.6 mg IV if pulse < 40. Observe until resolved and 1 h more
Severe — anaphylaxis	Airway swelling, stridor, severe bronchospasm, hypotension (< 90 systolic), collapse	Call for help / emergency team. ADRENALINE 0.5 mg IM (1:1000, 0.5 ml) into the thigh — repeat every 5 min if no improvement. Oxygen high flow. Legs up. IV crystalloid 500–1,000 ml fast. Then hydrocortisone 200 mg IV and chlorphenamine 10 mg IV. Transfer to emergency/ICU. Observe ≥ 6 h

Emergency box in every contrast room: adrenaline 1:1000 ×3, oxygen, bag-valve-mask, salbutamol + spacer, chlorphenamine, hydrocortisone, atropine, IV fluids and giving sets, pulse oximeter, BP cuff — checked monthly (Toolkit 14 Tool 4 format). Every reaction reported on the incident form; severe reactions to the Sentinel Event Policy and the medicines regulator.

ASF standards: Hospital Standard 4 — imaging safety and emergency response (means of verification: card, box log, reaction reports)