

(place patient label here)

Patient Name: _____

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box ☒ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Contrast Allergy Prophylaxis

Version 1 11/10/14

Hypersensitivity Prophylaxis Agents: For patients with a history of allergy to iodine, contrast or dye **SELECT ONE PREPROCEDURE OPTION**

Beginning 1 hour prior to procedure start time: Select all

methyLPREDNISolone 125 mg solution for injection (SOLUMEDROL)

- ☐ 125 milligram intravenously once one hour prior to procedure

diphenhydrAMINE (BENADRYL)

- ☐ 50 milligram intravenously once 1 hour prior to procedure

Beginning 13 hours prior to procedure start time: Select all
predniSONE

- ☐ 50 milligram orally 13, 7 and 1 hour prior to procedure

diphenhydrAMINE (BENADRYL)

- ☐ 50 milligram orally once 1 hour prior to procedure

Beginning 3 days prior to procedure start time: Select all
predniSONE

- ☐ 10 milligram orally 2 times a day x 2 days. First dose 2 days prior to day of procedure

predniSONE

- ☐ 50 milligram orally 1 hour prior to procedure

diphenhydrAMINE (BENADRYL)

- ☐ 50 milligram orally once 1 hour prior to procedure

Provider Signature: _____ Date: _____ Time: _____