Steroid Premedication for intravascular contrast media

According to the guidelines recommended by the Clinical Outcome Indicators Working Group, Coordinating committee in Diagnostic Radiology, Hospital Authority Head Office 1999, the dosage of steroid premedication for intravenous contrast will be changed with immediate effect. The revised protocol is as follows:

**Indications for steroid premedication**
1. History of Allergy—drugs or seafood
2. Atopia
3. Asthma
4. Previous contrast reactions

**Contraindications for steroid premedication**
1. Diabetes mellitus
2. Acute tuberculosis
3. Acute leukemia and lymphoma
4. Compromised immune system
5. Systemic fungal disease or other systemic infection
6. Peptic ulcer disease within last twelve months
7. Diverticulitis within last twelve months

**Dosage**
1. **Non-emergency cases:**
   - **Two-Dose Regimen:**
     - **Adult patients:** 32mg methyl-prednisolone or 40mg prednisolone per oral dose
     - **Paediatric patients:** 0.5mg/kg methyl-prednisolone or 0.625mg/kg prednisolone per oral dose
     - **First dose:** 6-18 hours prior to intravascular contrast administration
     - **Second:** 2 hours prior to intravascular contrast administration
     - (efficacy: 4mg methyl-prednisolone ≈ 5mg prenisolone ≈ 20mg hydrocortisone)

2. **Emergency cases:**
   - We will follow the recommendation that only non-ionic contrast should be used. At present there is no evidence available showing the efficacy of steroid premedication with ionic media for this group of patients.

**Special precautions**
1. Precautionary advice should be given to patients regarding risk of developing adverse reactions and seeking medical attention appropriately.
2. Patients should be reminded to report any adverse reaction to their attending doctor on follow-up.

If in doubt, please consult Radiology Department