

# Standing Orders for Pre-Medication

*For Contrast Allergies or Other Allergies as Indicated*

Date of Exam: \_\_\_\_\_ Exam Time: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

\_\_\_\_\_ has a history of an allergic reaction to contrast / medication.

Patient Name

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Wt.: \_\_\_\_\_ ACC # \_\_\_\_\_ MRN \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone or 2<sup>nd</sup> Contact # \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Reaction: (circle those that apply) rash, uticaria (hives), chest pain, SOB, other \_\_\_\_\_

Was medication received for reaction?  Yes  No Name of medication(s): \_\_\_\_\_

Was patient sent to Emergency Room for further treatment?  Yes  No

Has patient been pre-medicated previously for an exam?  Yes  No Exam Type: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**\*Refer to the protocol.** *After verification of the patient's reaction, the following medications below will be prescribed*

**Medications Prescribed:** Standing Orders Radiologist: John Kish, MD

If S.O. not used, Radiologist authorizing change: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Prednisone 50 mg, 13 hours prior to exam time @ \_\_\_\_\_

Prednisone 50 mg, 7 hours prior to exam time @ \_\_\_\_\_

Prednisone 50 mg, 1 hour prior to exam time @ \_\_\_\_\_

Benadryl 50 mg, 1 hour prior to exam time @ \_\_\_\_\_

**The radiologist will be consulted on Pediatric patients with a history of allergies.**

Patients weighing less than 100 lbs. - 25mg Benadryl.

Additional Medication Orders: \_\_\_\_\_ Generic Medications may be used:  Yes  No

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_

RX called in and Faxed to Pharmacy by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Paramedic / RN Printed Name

Patient understands instructions: driver, time to take meds, possible adverse effects, etc...  Yes  No

Instructions to patient by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Paramedic / RN Printed Name

Comments: \_\_\_\_\_

**Document Pre-Med Information in MI Medic Note**  **Added Pre-Med Alert**  **Notify Tech of pre-med**

Nurse/Paramedic Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Scan in Patient Medical Record