

Contrast Reaction- Patient Instructions

Patient Name: _____

**You had a mild/moderate/severe contrast dye reaction*

The contrast you received was: **Isovue 300/100 mls** _____

Your symptoms were: _____

Your treatment consisted of: _____

Instructions

1. Drink extra fluids today (6-8 glasses). You may resume your normal diet. Avoid alcoholic beverages for 24 hours.
2. Observe your skin for the development of hives
3. Observe for difficulty in breathing and shortness of breath
4. If you develop either of these symptoms, go to the closest emergency department **IMMEDIATELY**
5. If any problems or questions develop after you go home, call our office at **(516) 627-6188**

The instructions have been fully explained to the patient. The patient or person responsible for the patient fully understands these instructions.

Date: _____

Time: _____

Patient Signature: _____

Initials: _____