

Palmetto Infusion Services STANDING ADVERSE REACTION ORDERS

Patient Name: _____

MRN: _____

<p>Mild Reaction</p> <ul style="list-style-type: none"> ● Pruritis or Rash ● Lightheadedness without a greater than 20 mm Hg drop or rise in diastolic or systolic blood pressure ● Elevation of systolic or diastolic blood pressure of greater than or equal to 40 mm Hg ● Headache ● Flushing/warmth without temperature elevation 	<p>Recommended Treatment Protocol</p> <ul style="list-style-type: none"> ● Stop infusion, ● Connect 5 – 10 ml syringe (depending on line type) and draw back to a blood return to remove existing drug in the line. Flush line with 5 ml normal saline. ● Give additional Diphenhydramine Orally as follows: Infant to 2 years old (to 21 lb.): 5 ml (12.5 mg) oral liquid 2 to 12 years old (22 to 66 lb.): 25 mg PO Over 12 years old (66+ lb): 50 mg PO <p>If oral route is not feasible, administer slow IV push, not to exceed 25 mg/minute, and flush with 5 ml normal saline over 1 –2 minutes; or administer by deep intramuscular injection if IV route is not available, using dosages above.</p> <ul style="list-style-type: none"> ● Monitor vital signs at least every 15 minutes ● Increase infusion rate as tolerated when patient is stabilized ● Notify MD
<p>Moderate to Severe Reaction :</p> <ul style="list-style-type: none"> ● Pruritis or Rash ● Hives with or without respiratory difficulty ● Chest tightness, wheezing, or shortness of breath, stridor ● Symptomatic hypertension or hypotension with greater than 20 mm Hg rise or drop in diastolic or systolic blood pressure ● Tachycardia ● Diaphoresis ● Elevated temperature with chills ● Flushing with throat tightness ● Nausea or vomiting ● Back pain ● Chest pain ● Abdominal Pain ● Rigors 	<p>Recommended Treatment Protocol</p> <ul style="list-style-type: none"> ● Stop infusion and disconnect/cap tubing. ● Connect 5 – 10 ml syringe (depending on line type) and draw back to a blood return to remove existing drug in the line. Flush line with 5 ml normal saline. ● Connect new IV tubing set and start normal saline at KVO rate. ● Give Pepcid 40 mg IVP (to adult pt only) (No pediatric dosing guidelines) ● Give Diphenhydramine IV as follows: Do not exceed 25 mg/min. Infant to 2 years old (to 21 lb): 0.25 ml (12.5 mg) IV or IM 2 to 12 years old (22 – 66 lb): 0.5 ml (25 mg) IV Over 12 years old (66 + lb): 1 ml (50 mg) IV <p>Flush line with 5 ml normal saline over 1 –2 minutes. May repeat in 30 min. for symptoms.</p> <ul style="list-style-type: none"> ● Give Methylprednisolone (Solu-medrol) 125 mg IV (slow push over 1 – 2 min.) and flush line with 5 ml normal saline over 1 – 2 minutes . ● Give Epinephrine subq 1:1000 (1 mg = 1 ml). May repeat dose in 10 minutes as necessary. Infant to 2 years old (to 21 lb): 0.1 ml subq 2 to 12 years old (22 – 66 lb): 0.2 ml subq Over 12 years old (66 + lb): 0.3 ml subq <ul style="list-style-type: none"> ● Monitor vital signs at least every 15 minutes ● If nausea/vomiting: give Odansetron (Zofran) 4mg IV slow push over 1-2 min. May repeat X1 (Adult dosing only). (No dosing guidelines for pediatric population) <p>Flush line with 5 ml normal saline over 1 – 2 minutes.</p>
	<ul style="list-style-type: none"> ● Oxygen at 2 LPM via nasal cannula or 5 LPM via mask for respiratory difficulty ● If wheezing, administer 1 ampule of 0.083% albuterol via nebulizer ● Initiate cardiopulmonary resuscitation, if necessary. ● Dial 911 for Emergency Medical Services, if necessary. Provide copy of Medication Profile to EMT. ● Notify referring MD.

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<p>Moderate to Severe Reaction (continued)</p>	<p>Recommended Treatment Protocol</p> <ul style="list-style-type: none"> • Once patient stabilizes, restart medication at half the rate the patient was tolerating prior to the reaction (may restart at the <i>actual</i> rate for <i>IVIG</i>). Resume titration schedule as tolerated. • If signs/symptoms persist, stop the medication. Connect 5 – 10 ml syringe (depending on line type) and draw back to a blood return to remove existing drug in the line. Flush line with 5 ml normal saline. Resume IV fluids as follows: normal saline at KVO, or infuse as directed by physician at 100 – 150 ml/hour.
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The following protocols may be implemented after assessment by the clinic physician:

1. **For BP elevation:** (BP *greater than* 180/100 mm Hgb) administer either of the following:
 - a. **Nitro Paste** $\frac{1}{2}$ inch. Monitor BP every 10 minutes. **if BP remains greater than 140/90 - repeat dose.** When BP is *less than* 140/90 mm Hgb: remove/cleanse Nitropaste from skin.
 - b. **Or- administer Clonidine** 0.1 mg. PO. May repeat Clonidine in 30 minutes if BP remains *greater than* 140/90.
 - c. For BP elevation **during infusion** (20 – 40 mm Hg) administer medications as above.
2. **For CHF Symptoms (wheezing, shortness of breath, crackles or other signs):** Administer Furosemide (Lasix) 20 mg (40 mg/ml) IV push over 2 minutes and flush line with 5 ml normal saline IV over 1 – 2 minutes..
3. **For diabetic patients who exhibit signs of hypoglycemic reaction** (confusion, drowsiness, unable to arouse, diaphoretic): **If the patient is conscious, give him/her a sugar-sweetened drink or candy bar. May need to repeat.** If patient is unable to eat/drink, administer 50 ml D-50 IV push slowly over 2 – 5 minutes. If no response within 5 minutes, call 911. Do NOT repeat dose. If patient arouses, but relapses into unconsciousness, repeat 50 ml D-50 IV push slowly over 2 – 5 minutes.
4. **For chest pain:** Administer Nitroglycerin 0.4 mg SL. May repeat every 5 minutes up to 3 doses. If chest pain is not relieved, call 911.

Physician Signature: Angela M. Saito, MD Date: 7-10-2012

Print Physician Name: ANGELA M SAITO, MD