

ADVERSE REACTION GUIDELINES

GENERAL PRINCIPLES

Treatment for any specific patient must be individualized and is the responsibility of the Clinic MD.

Pharmacologic management of severe hypertension should not be attempted in the infusion clinic setting due to unpredictable response.

Patients felt to have symptomatic hypertension (confusion, headache, chest pain, dyspnea) should be referred to ER.

Any patient requiring epinephrine for any indication, patients with suspected CHF, and patients with prolonged suspected ischemic chest pain should be referred to ER REGARDLESS of response to therapy in the clinic.

Mild Reaction:

Pruritus or rash, dizziness without significant BP changes, Headache, Flushing, Myalgia, Arthralgia:

- Stop Infusion
- Notify MD
- 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 NS
- Give additional **Diphenhydramine orally** as follows:
 2 to 12 years old (22 to 66 lb.): 25 mg
 Over 12 years old (66+ lb.): 50 mg
*****If oral route is not feasible, administer slow IV push, not to exceed 25 mg/minute, and flush with 5 ml NS or administer by deep intramuscular injection if IV route is not available, using dosages above**
- Give Ondansetron 4 mg IV over 1-2 minutes for nausea and vomiting. May repeat X1 in 15 minutes. **ADULTS ONLY**
- Promethazine 25 mg orally as needed for N/V **if allergic to Ondansetron ADULTS ONLY**
- **Acetaminophen 650 mg PO PRN headache/myalgia/arthralgia – Adult Dose**

Acetaminophen Pediatric Dosing:

Weight	Age	Dose
24-35 lbs.	2-3 years	160 mg
36-47 lbs.	4-5 years	240 mg
48-59 lbs.	6-8 years	320 mg
60-71 lbs.	9-10 years	400 mg
72-95 lbs.	11 years	480 mg

- **Ibuprofen 400 mg PO PRN Headache/myalgia/arthralgia – Adult Dose**

Ibuprofen Pediatric Dosing:

Weight	Age	Dose
24-35 lbs.	2-3 years	100 mg
36-47 lbs.	4-5 years	150 mg
48-59 lbs.	6-8 years	200 mg
60-71 lbs.	9-10 years	250 mg
72-95 lbs.	11 years	300 mg

- Monitor vital signs at least every 15 minutes
- May resume infusion at ½ initial rate when patient is stabilized
- Increase rate as tolerated

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Severe Reaction:

Urticaria, Chest pain/tightness/dyspnea/wheezing/stridor, Significant N/V, Abdominal/Back Pain:

- Stop Infusion
- Notify MD
- 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 NS
- Give Ranitidine 50 mg IVP over 5 minutes (**adult pt only**)
- Give Diphenhydramine IV as follows:
 - 2-12 years old (22-66 lbs.): 0.5 ml (25 mg) IV
 - Over 12 years old (> 66 lbs.): 1 ml (50 mg) IV
 - May repeat in 30 minutes
- Flush line with 5 ml NS
- If necessary, give Methylprednisolone (Solu Medrol) 125 mg IV (slow push over 1-2 min.) and flush line with 5 ml NS
- If necessary, give Epinephrine 1:1000 (1 mg/ml) IM (thigh) or SC as follows:
 - 2 to 12 years old (22-66 lbs.): 0.2 ml
 - Over 12 years old (66+ lbs.): 0.3 ml
 - May repeat in 5-15 minutes
- Give Ondansetron 4 mg IV over 1-2 minutes for nausea and vomiting. May repeat X1 in 15 minutes. **ADULTS ONLY**
- Promethazine 25 mg orally as needed for N/V **if allergic to Ondansetron - ADULTS ONLY**
- Flush line with 5 ml NS

Other measures:

- VS every 15 minutes until stable
- Oxygen at 2LPM via nasal cannula or 5 LPM via mask for dyspnea
- 1 ampule of 0.083% Albuterol via nebulizer for wheezing
- CPR/911 if necessary
- Notify referring physician

The following guidelines MAY be implemented AFTER ASSESSMENT BY THE CLINIC MD:

For CHF Symptoms (wheezing, shortness of breath, crackles or other signs):

- Furosemide 40 mg (40 mg/ml) IV push over 2 minutes and flush line with 5 ml NS IV
- **If systolic BP >90**, give Nitroglycerin 0.4 mg SL. May repeat every 5 minutes up to 3 doses

For chest pain felt to be due to acute myocardial ischemia and systolic BP > 90:

- Administer Nitroglycerin 0.4 mg SL. May repeat every 5 minutes up to 3 doses
- Administer four (4) 81 mg Aspirin to be chewed and swallowed PRN for suspected symptoms due to myocardial ischemia. Patient must NOT have a history of aspirin allergy.

For patients who are hypotensive – After assessment and order of physician:

- Start IV with large bore introcan and administer NS 250 ml bolus. May repeat as indicated

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08/14/19

Date

08/12/19

Date