



ADVERSE REACTION GUIDELINES

GENERAL PRINCIPLES

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

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, 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/NP
- 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
- Consider 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
- Consider Ondansetron 4 mg IV over 1-2 minutes for nausea and vomiting. May repeat x1 in 15 minutes. ADULT PATIENTS ONLY
- Consider Famotidine 20 mg PO - ADULT PATIENTS ONLY
- Consider Promethazine 25 mg orally as needed for N/V if allergic to Ondansetron – ADULT PATIENTS ONLY
- Consider Acetaminophen 650 mg PO PRN headache/myalgia/arthralgia - Adult Dose
- Consider fexofenadine 60 mg orally, Cetirizine 10 mg orally, Loratadine 10 mg orally -- ADULT PATIENTS ONLY

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	460 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 15 minutes intervals. At the first 15-minute vital check, If patient is back to baseline then may restart infusion. If the patient is not at baseline, then continue to monitor and reassess at 15-minute intervals with Vitals.
- When patient is stabilized, may resume infusion, and consider ½ rate.
- Increase rate as tolerated.

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Severe Reaction:

Urticaria or other cutaneous signs or symptoms, Hypotension, Chest pain/tightness/dyspnea/wheezing/stridor, Significant N/V, Abdominal/back pain, Hypoxemia:

- Stop Infusion
- Notify MD/NP for emergent assessment and management orders.
- 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
- Check oxygen saturation with pulse oximeter and move oxygen tank/supplies to patient location

Anaphylaxis

- **Epinephrine** 0.01 ml/kg 1:1000 dilution IM (preferably thigh), max single dose 0.5 ml. May repeat in 5 minutes. **Do Not Delay** Epinephrine in favor of other drugs or adjunctive therapies.
- Call EMS
- Start large bore IV (if possible) with NS. Give 250-500cc bolus if hypotensive
- Start oxygen at 2L/min NC or 5L/min mask. Titrate to O2 sat 93%
- Consider **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
- Consider **Methylprednisolone** (Solumedrol) 1-2 mg/kg with a maximum single dose of 125 mg IV (slow push over 1-2 min).
- Consider **Ondansetron** 4 mg IV over 1-2 minutes for nausea and vomiting. May repeat X 1 in 15 minutes. **ADULT PATIENTS ONLY**
- Consider **Promethazine** 25 mg orally as needed for N/V if **allergic to Ondansetron-ADULT PATIENTS ONLY**
- Consider 1 ampule of 0.083% **Albuterol** via nebulizer for wheezing
- VS every 15 minutes until stable
- Notify referring physician

Severe Reactions Not Felt to be Anaphylaxis

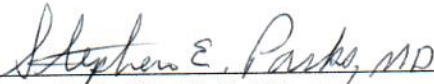
- Consider all measures listed above except **epinephrine**

CHF (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

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.


Stephen Parks, MD – Medical Director

11/16/22
Date


George Minson, MD – Medical Director

11/15/22
Date