



**Hypersensitivity/ Anaphylaxis Management for
Infusions/ Desensitization - Adults**

General

- Implement this order set AUTOMATICALLY for the management of hypersensitivity/anaphylaxis reactions when the following INJECTABLE medications/medication classes are ordered:
 - Cytotoxic/Chemotherapy Agents
 - Monoclonal Antibody Products
 - Intravenous Iron Replacement Products
 - Immunoglobulin (IVIG)
 - Other _____

Nursing & PRN Medications Orders

- Stop the infusion if patient experiences any hypersensitivity/anaphylactic reaction
- If the patient develops mild-to-moderate reactions (grades 1 and 2), such as fever ($\geq 100.4^{\circ}\text{F}$), nausea, vomiting, rigors, chills, itching, rash, flushing, urticaria, swollen lips or tongue, mild chest tightness, abdominal or back pain:
 - Famotidine (Pepcid) 20 mg IV x 1 dose PRN for hypersensitivity or anaphylactoid reactions
 - DiphenhydrAMINE (Benadryl) 50 mg IV x 1 dose PRN for hypersensitivity or anaphylactoid reactions
 - Ondansetron (Zofran) 8 mg IV x 1 dose PRN for nausea, vomiting due to hypersensitivity
 - Call the provider on-call for permission to resume the infusion at one-half ($\frac{1}{2}$) of the previous infusion rate, if the symptoms improve within 30 minutes
- If the patient develops acute hypertension (increase in BP measurement of greater than 20 mmHg diastolic or greater than 150/100 if previously within normal limits)
 - DiphenhydrAMINE (Benadryl) 50 mg IV x 1 dose PRN if not already given for hypersensitivity reactions
 - If blood pressure has returned to pretreatment range within one (1) hour, resume the infusion at one-half of the previous infusion rate. If blood pressure does not return to pretreatment range within one hour, notify the provider on-call and discontinue the infusion/medication
- If the patient develops moderate to severe reactions, such as acute bronchial constriction (dyspnea, wheezing, or stridor), angioedema, and/or acute hypotension (greater than 30% decrease in SBP obtained initially at start of the infusion)
 - Start oxygen to maintain oxygen saturation greater than 92% PRN for shortness of breath/tachypnea/ decreased oxygen saturation
 - Sodium chloride 0.9% 500 ml over 30 - 60 minutes x 1 dose PRN for symptomatic hypotension or greater than 30% decrease in SBP obtained at start of the infusion
 - EPINEPHrine 0.5 mg IM preferably into thigh x 1 dose PRN for hypersensitivity or anaphylactic reactions with hypotension, airway swelling, or definite difficulty breathing
 - MethylPREDNISolone (Solu-Medrol) 125 mg IV x 1 dose PRN bronchial constriction (dyspnea, wheezing, strider) for unresolved symptoms within 3 minutes after the administration of FIRST dose of EPINEPHrine
 - Discuss the event with the provider on-call and discontinue the infusion/medication
- Maintain airway and anticipate the need for CPR/assisted respiration as needed for respiratory difficulty
- Call 911 and initiate CODE BLUE if airway patency is not maintained or cardiopulmonary arrest occurs
- Monitor vital signs every 2 minutes until stable, then every 5 minutes for 30 minutes, then every 15 minutes for 60 minutes
- Place patient in supine position if not short of breath or vomiting. Elevate legs for SBP less than 60 mm Hg
- Document and report Adverse Drug Reactions (ADR) per hospital policy. Add the offending medication to the patient's Allergy/ADR List in the Meditech EMR

Signature _____

Date ____ / ____ / ____ Time _____

Patient Name: Date of Birth:
