

HYPERSENSITIVITY ORDER SET

Pure Infusion Suites



Mild Infusion Reaction:

Mild headache, flushing (transient), cough (mild), patchy macular and/or papular rash, itching, hives, nausea/vomiting (mild), diarrhea (mild), rhinitis/tickle in throat.

1. Stop or slow infusion (½ of rate)
 - Assess vital signs at least every 15 minutes x 30 minutes.
2. If symptoms improve:
 - Reinitiate rate titration OR restart infusion at half the rate and titrate per RN discretion to maximum rate.
3. If symptoms do not improve or worsen after step 1:
 - Stop infusion (if not already stopped)
 - Hang 500cc bag of normal saline, maintaining at least TKO rate and no faster than 500ml/hr.
 - Give the following medications:
 - Give 25mg Benadryl IVP over 2 minutes
 - Give 20mg Pepcid IVP over 2 minutes
 - Give Tylenol 1000mg PO x1 if patient is febrile.
 - Continue vital signs at least every 15 minutes
4. If symptoms improve 30 minutes after step 3:
 - Restart infusion at ½ the rate which the reaction occurred for at least 30 minutes.
 - Titrate every 15- 30 minutes per RN discretion to maximum rate.
5. If symptoms do not improve or they worsen within 30 minutes from step 3:
 - Give 125mg Solumedrol IVP over 1 minute
 - Continue vital signs at least every 15 minutes
6. If symptoms improve 30 minutes after step 5:
 - Restart infusion at ½ rate at which the reaction occurred for at least 30 minutes.
 - Titrate per RN discretion to maximum rate
7. If symptoms worsen at any point after step 5:
 - Go to moderate infusion reaction
 - Give additional medications per step 2 as applicable.
 - Call provider
 - Do not reinitiate infusion

Moderate Infusion Reaction:

Increased severity of the following: patchy macular and/or papular rash, itching, nausea, diarrhea, flushing, cough. New shortness of breath, tightness in chest, flu like symptoms, fever, back discomfort, feeling cold/hot, rigors, hypotension/hypertension < 20% from baseline, HR >110, temperature increase by one degree OR is 38C-38.9C, changes in mental status.

1. **STOP INFUSION:**
 - Hang 500cc NS and infuse at 500cc/hr
 - If SBP less than 90 or DBP less than 50 hang 1000cc NS and infuse at 1000ml/hr.
 - Assess vital signs at least every 10 minutes
 - If oxygen saturation is below 90%, give the patient oxygen per nasal cannula at least 2L to keep sats above 90%
 - If unable to keep oxygen saturation levels above 90% using the nasal cannula, then place a nonrebreather at 15L on the patient
2. Give the following medications:
 - Give diphenhydramine 25-50 mg IVP over 2 minutes
 - If diphenhydramine was administered in any dose as a premedication reduce dose to 25mg IVP
 - Maximum dose 75 mg - including premeds and all reversal meds
 - Give Pepcid 20mg IVP x 1 over 2 minutes
 - Maximum dose 20 mg - including premeds and all reversal meds
 - Give solumedrol 125 mg IVP x1
 - Maximum dose 125 mg - including premeds and all reversal meds
 - Give albuterol, 90mcg, 2 inhalations for wheezing or moderate shortness of breath.
 - Repeat every 4 hours as needed for shortness of breath or wheezing
 - Give 1000 mg tylenol PO x 1 for temperature > 38C
3. If symptoms have resolved for 30 minutes after step 2:
 - Restart infusion at ½ rate at which the reaction occurred for at least 30 minutes.
 - Titrate per RN discretion to maximum rate
 - Monitor closely
4. If symptoms return after above reinitiation:
 - Stop infusion immediately
 - Give any remaining reversal medications, if applicable
 - Do not reinitiate infusion
 - Call provider
 - Call EMS if patient does not improve
 - Follow severe reaction steps if symptoms worsen

Severe Infusion Reaction (anaphylaxis):

Worsening of moderate symptoms. Wheezing, chest pain/heaviness, oxygen saturation < 90%, swelling of lips/tongue/face, tachycardia, dysrhythmias, stridor, hypotension - severe (SBP <80 Hg or >20% from baseline), cyanosis, respiratory distress, unconsciousness.

1. STOP INFUSION:

- Discontinue any medication suspected of causing reaction
- Give 1000ml NS wide open using new administration set
- Place patient in recumbent position, if tolerated
- Maintain airway
- VS every 5 minutes, place continuous pulse ox.
- Administer 10L per non-rebreather mask to keep sats above 90%

2. Give Epinephrine 0.3mg IM immediately, may repeat every 5 to 15 minutes as needed

3. Give the following medications:

- Give Benadryl 50mg IV push
 - Maximum dose 75 mg - including premeds and all reversal meds
- Give Pepcid 20mg, IV push
 - Maximum dose 20 mg - including premeds and all reversal meds
- Give Solumedrol 125mg IV push
 - Maximum dose 125 mg - including premedications and all reversal meds
- Give albuterol, 90mcg, 2 inhalations for wheezing or moderate shortness of breath.
 - Repeat every 4 hours as needed for shortness of breath or wheezing
- If patient becomes unconscious perform basic life support until EMS arrives
- Notify provider at soonest opportunity

Other Orders:

Patient's Information

First Name Last Name M.I.

Date of Birth

Prescribing Provider

Provider Name

Address

City State Zip

Phone Fax

Signature Date