



ANAPHYLAXIS TREATMENT PROTOCOL

TREATMENT PROTOCOL											
ANAPHYLAXIS SYMPTOMS	<p>Symptoms of Anaphylactic Reactions can include but are not limited to:</p> <table border="0"> <tr> <td>Dyspnea</td><td>Acute difficulty or inability to speak</td></tr> <tr> <td>Wheezing</td><td>Hypoxia</td></tr> <tr> <td>Stridor</td><td>Collapse or syncope</td></tr> <tr> <td>Laryngeal edema</td><td>More than 40mmHg decrease in systolic BP from baseline</td></tr> <tr> <td>Angioedema</td><td>Pediatric: persistent GI symptoms, BP < 90/60</td></tr> </table>	Dyspnea	Acute difficulty or inability to speak	Wheezing	Hypoxia	Stridor	Collapse or syncope	Laryngeal edema	More than 40mmHg decrease in systolic BP from baseline	Angioedema	Pediatric: persistent GI symptoms, BP < 90/60
Dyspnea	Acute difficulty or inability to speak										
Wheezing	Hypoxia										
Stridor	Collapse or syncope										
Laryngeal edema	More than 40mmHg decrease in systolic BP from baseline										
Angioedema	Pediatric: persistent GI symptoms, BP < 90/60										
ANAPHYLAXIS TREATMENT PROTOCOL	<p>In the event of anaphylaxis, the clinician is to:</p> <ol style="list-style-type: none"> 1. Stop the infusion immediately. 2. Assess the patient's airway, breathing, circulation, and mental status. 3. If patient becomes unresponsive at any point, initiate BLS and continue to follow steps outlined below. 4. Administer epinephrine IM into the mid-anterolateral aspect of the thigh, through clothing if necessary, and call 911 to request emergency services (or have support staff call 911). <i>Adult dose: 0.3mg Pediatric dose: 0.15mg</i> 5. Apply oxygen at 15 liters/minute via non-rebreather mask, or utilize a bag valve mask (Ambu bag) if rescue breaths are required. 6. Place patient in recumbent position if possible. 7. Administer 1 - 2 L 0.9% sodium chloride IV via at maximum rate, or by gravity if pump is not readily available. <i>Pediatric dose: 20ml/kg</i> 8. If there is an incomplete response to epinephrine IM, repeat dose every 5 to 15 minutes or more frequently as needed, for 3 total doses. 9. Administer methylprednisolone 125mg IV or IM and diphenhydramine 50mg IV or IM if the patient has not already received for treatment of lesser reaction. <i>Pediatric dose: methylprednisolone 1mg/kg (max dose 125mg), diphenhydramine 1mg/kg (max 50g)</i> 10. Assess vital signs every 5 minutes until EMS arrives, unless CPR is in progress. 11. Notify FlexCare provider as soon as able, as long as it does not delay treatment. Otherwise, notify FlexCare provider after EMS has assumed care of the patient. 12. Notify referring provider once EMS has departed clinic with the patient. 										

*Referring provider orders for infusion reaction management will take precedent over this protocol.

MILD AND MODERATE INFUSION REACTION PROTOCOL

	SYMPTOMS	TREATMENT
MILD REACTION	<p>Symptoms of mild infusion reactions can include but are not limited to:</p> <ul style="list-style-type: none"> • Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nausea/vomiting • Pruritus • Back Pain 	<p>In the event of a mild reaction, the clinician is to:</p> <ol style="list-style-type: none"> 1. Reduce the infusion rate to half the rate at the onset of reaction and maintain rate until symptoms subside. 2. Obtain vital signs every 15 minutes or more frequently PRN until symptoms subside. 3. Administer acetaminophen 500mg or 650mg PO for headache, flushing, or back pain. 4. Administer diphenhydramine 25mg IV for pruritis. Diphenhydramine 50mg PO may be given if no IV is established. Loratadine or cetirizine 10mg PO may also be given if needed for symptom abatement, or if diphenhydramine IV is unavailable. 5. If symptoms subside, resume ramp-up of infusion rate in accordance with the drug specific protocol and/or manufacturer recommendations. 6. If symptoms persist, hold infusion for 15 minutes, and resume at a reduced rate as tolerated. 7. If patient is intolerant of reduced rate, end treatment, and observe the appropriate post-infusion monitoring period in accordance with the drug specific protocol and/or manufacturer recommendations. 8. Notify referring provider of reaction. <p>If symptoms worsen, see interventions for moderate or anaphylactic reactions.</p>
MODERATE REACTION	<p>Symptoms of moderate infusion reactions can include but are not limited to:</p> <ul style="list-style-type: none"> • Increase temperature (> 2 degree F) • Urticaria (hives) • Rigors (acute shivering or shaking) • Hypo/hypertension (> 20mmHg change in systolic BP from baseline) • Chest tightness 	<p>In the event of a moderate reaction, the clinician is to:</p> <ol style="list-style-type: none"> 1. Hold the infusion until symptoms subside or reduce to a "mild reaction". 2. Obtain vital signs every 15 minutes or more frequently until symptoms subside. 3. Administer acetaminophen 500mg or 650mg PO for increased temperature, rigors. 4. Administer loratadine or cetirizine 10mg PO for urticaria. Diphenhydramine 25mg IV may be used to achieve symptom abatement or if loratadine or cetirizine are not available. Diphenhydramine 50mg PO may be used if IV diphenhydramine is unavailable or if patient does not have an IV established. 5. Administer methylprednisolone 125mg IV. If already administered as premedication, administer methylprednisolone 40mg IV instead. 6. If symptoms subside or reduce to a "mild reaction", resume ramp-up of infusion rate in accordance with the drug specific protocol and/or manufacturer recommendations. 7. If symptoms persist, end treatment, and observe the appropriate post-infusion monitoring period in accordance with the drug specific protocol and/or manufacturer recommendations. 8. Notify referring provider of reaction. <p>If symptoms worsen or progress to anaphylaxis, see interventions for anaphylaxis.</p>
PEDIATRIC MILD/MODERATE REACTION	<p>Symptoms of mild/moderate PEDIATRIC infusion reactions can include but are not limited to:</p> <ul style="list-style-type: none"> • Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nausea/vomiting • Pruritus • Back Pain 	<p>In the event of a mild or moderate reaction, the clinician is to:</p> <ol style="list-style-type: none"> 1. Reduce the infusion rate to half the rate at the onset of reaction and maintain rate until symptoms subside. 2. Obtain vital signs every 15 minutes or more frequently PRN until symptoms subside. 3. Administer acetaminophen 10 to 15mg/kg/dose every 4 to 6 hours as needed PO for headache, flushing, or back pain. 4. Administer diphenhydramine 1 mg/kg/dose; maximum dose: 50mg/dose IV for pruritis. Diphenhydramine 25 - 50mg PO may be given if no IV is established. Loratadine or cetirizine 10mg PO may also be given if needed for symptom abatement, or if diphenhydramine is unavailable. 5. If symptoms subside, resume ramp-up of infusion rate in accordance with the drug specific protocol and/or manufacturer recommendations. 6. If symptoms persist, hold infusion for 15 minutes, and resume at a reduced rate as tolerated. 7. If patient is intolerant of reduced rate, end treatment, and observe the appropriate post-infusion monitoring period in accordance with the drug specific protocol and/or manufacturer recommendations. 8. Notify referring provider of reaction. <p>If symptoms worsen, or any respiratory symptoms develop, see interventions for anaphylactic reactions.</p>

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