ANAPHYLAXIS PRESCRIBER ORDER FORM

Patient Name:	Date of Birth:	Gender:
Address:	Weight: _____ ☐ lbs ☐ kg	

Anaphylaxis Kit Components

PATIENT WEIGHT	MEDICATION	DOSAGE	ADMINISTRATION INFORMATION
Adults & Pediatrics > 30 kg	Epinephrine 1 mL ampule/vial (1 mg/mL) #2 **or** *Epinephrine 0.3 mg auto-injector 2-pack kit #1	0.3 mg	IM or SUBQ x 1 dose & may repeat x 1 in 5 to 15 min PRN
	0.9% Sodium Chloride 500 mL bag #1	500 mL	KVO rate PRN anaphylaxis
	Diphenhydramine 1 mL (50 mg/mL) vial #1	25 mg	Slow IV push (if line patent) or IM; may repeat x 1 in 15 min PRN if no improvement
Pediatrics 15 to 30 kg	Epinephrine 1 mL ampule/vial (1 mg/mL) #2 **or** *Epinephrine 0.15 mg auto-injector 2-pack kit #1	0.15 mg	IM or SUBQ x 1 dose & may repeat x 1 in 5 to 15 min PRN
	0.9% Sodium Chloride 250 mL bag #1	250 mL	KVO rate PRN anaphylaxis
	Diphenhydramine 1 mL (50 mg/mL) vial #1	1.25 mg/kg (25 mg max per dose)	Slow IV push (if line patent) or IM; may repeat x 1 in 15 min PRN if no improvement
Pediatrics < 15 kg	Epinephrine 1 mL ampule/vial (1 mg/mL) #2	0.01 mg/kg	IM or SUBQ x 1 dose & repeat x 1 in 5 to 15 min PRN
	0.9% Sodium Chloride 250 mL bag #1	250 mL	KVO rate PRN anaphylaxis
	Diphenhydramine 1 mL (50 mg/mL) vial #1	1.25 mg/kg	Slow IV push (if line patent) or IM; may repeat x 1 in 15 min PRN if no improvement

Dispense supplies necessary to administer aforementioned medications, including syringes and needles.
*For subcutaneous immune globulin patients, only epinephrine auto-injector 2-pack kits will be dispensed.

Anaphylaxis Management for All IV Medication Administration, Including IV Immune Globulin

*If nurse is present in the home, for **SEVERE** reactions including angioedema, wheezing, difficulty in breathing, or swelling of eye lids, lips, or throat.*

1. ***STOP*** the infusion of the medication immediately. Completely remove the source of the infusate while maintaining venous access.
2. Contact or have caregiver call 911.
3. Administer epinephrine as above and may repeat dose if necessary.
4. Administer *injectable* diphenhydramine (Benadryl®) as above.
5. Monitor and document patient's vital signs, including mental status. If hypotensive, place the patient in supine position with lower extremities elevated or in Trendelenburg position. If breathing difficulty, tilt the patient's head or thrust jaw to relieve airway obstruction.
6. Maintain IV line with normal saline (sodium chloride 0.9%) as above to keep line open until the arrival of a paramedic or ambulance.
7. Contact the prescriber and Option Care Health Director of Nursing or pharmacist.
8. If cardiopulmonary arrest occurs, begin CPR.
9. Monitor and document vital signs every 2 minutes until stable, then every 15 minutes as needed.
10. Remain with patient until paramedics arrive.

Subcutaneous Immune Globulin Anaphylaxis – *For **SEVERE** reactions such as wheezing, difficulty in breathing, or swelling of eye lids, lips, or throat.*

1. ***STOP*** the infusion of the medication immediately and remove the needles from the skin.
2. Call 911.
3. Administer epinephrine for one dose as above, repeat dose if necessary.
4. Notify prescriber and Option Care Health Director of Nursing or pharmacist.

When appropriate, nurse shall instruct patient/caregiver about the signs/symptoms of allergic, anaphylactic, and adverse reactions along with the proper use of kit medications. This physician order shall be recognized for the patient's period of treatment and/or up to one year.
If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: **Date:**

Prescriber Information

Prescriber Name:	NPI:

Fax completed form, insurance information, and clinical documentation to:

