

# Treatment Guidelines and Prescriber's Order for Adverse Drug Reactions

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs. Date: \_\_\_\_\_

| Mild Localized Reaction  | Moderate Generalized Reaction  |
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| <ul style="list-style-type: none"> <li>Pruritus or rash</li> </ul> | <ul style="list-style-type: none"> <li>Chest tightness without dyspnea/wheezing</li> <li>Elevated temperature with rigors</li> <li>Flushing with throat tightness</li> <li>Hives without respiratory difficulty</li> <li>Hypertension or hypotension</li> <li>Shortness of breath</li> <li>Wheezing w/o dyspnea</li> </ul> |

## Treatment Guidelines

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| <ul style="list-style-type: none"> <li>Slow infusion rate to KVO</li> <li><b>If &gt;25 kg</b> May give Diphenhydramine 25 - 50 mg<br/>Indicate route:<br/><input type="checkbox"/> Orally<br/><input type="checkbox"/> IV Push or IM</li> <li><b>If &lt;10 kg</b> May give Diphenhydramine 1.25 mg/kg/dose<br/>Indicate Route:<br/><input type="checkbox"/> Orally may repeat dose in 30 min x 1 prn.<br/><input type="checkbox"/> IV Push or IM may repeat dose in 15 min x 1 prn</li> <li><b>If &gt;10 kg</b> May give Diphenhydramine 25 mg<br/>Indicate Route:<br/><input type="checkbox"/> Orally may repeat dose in 30 min x 1 prn.<br/><input type="checkbox"/> IV Push or IM may repeat dose in 15 min x 1 prn</li> <li>Other: _____</li> <li>Monitor vital signs every 10 minutes</li> <li><b>If &gt;25 kg</b> Increase infusion rate as tolerated</li> <li><b>If &lt; 25 kg</b> Call Prescribers and discuss resuming infusion rate at one half and increase as tolerated if applicable</li> </ul> | <ul style="list-style-type: none"> <li>Stop infusion</li> <li><b>If &gt;25 kg</b> May give Diphenhydramine 50 mg IV push or IM</li> <li><b>If &lt;10 kg</b> May give Diphenhydramine 1.25 mg/kg/dose, IV Push or IM may repeat dose in 15 min x 1 prn</li> <li><b>If &gt;10 kg</b> May give Diphenhydramine 25 mg IV Push or IM. May repeat dose in 15 min x 1 prn</li> <li>Other: _____</li> <li>Monitor vital signs every 10 minutes</li> <li><b>If &gt;25 kg</b> Resume infusion if tolerated</li> <li><b>If &lt;10 kg</b> Call Physician and discuss resuming infusion at one half rate and increase as tolerated if applicable</li> </ul> |
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## Prophylaxis for Subsequent Doses

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| <ul style="list-style-type: none"> <li><b>If &gt;25 kg</b> Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push</li> <li><b>If &lt;10 kg</b> May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push.</li> <li><b>If &gt;10 kg</b> May pre-treat with Diphenhydramine 25 mg orally or IV Push</li> <li>Continue infusion and monitoring for S&amp;S of adverse reaction</li> <li>Other: _____</li> </ul> | <ul style="list-style-type: none"> <li><b>If &gt;25 kg</b> Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push</li> <li><b>If &lt;10 kg</b> May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push.</li> <li><b>If &gt;10 kg</b> May pre-treat with Diphenhydramine 25 mg orally or IV Push</li> <li>Infusion may be continued at home or infusion center/MD office</li> <li>Other: _____</li> </ul> |
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**Patients with mild localized reactions may continue infusions at home with proper anaphylaxis treatment kit available in the home. Patients who develop severe reaction shall have subsequent infusions at a prescriber's office or other controlled setting.**

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

Orders Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Not valid for use for patients residing in Arizona, New York, and Wisconsin.