

Treatment Guidelines and Prescriber's Order for Adverse Drug Reactions

Patient: _____ DOB: _____ Gender: _____ Wt: _____ lbs. Date: _____

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

Treatment Guidelines

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

<ul style="list-style-type: none"> If >25 kg Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push If <10 kg May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push. If >10 kg May pre-treat with Diphenhydramine 25 mg orally or IV Push Continue infusion and monitoring for S&S of adverse reaction Other: _____ 	<ul style="list-style-type: none"> If >25 kg Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push If <10 kg May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push. If >10 kg May pre-treat with Diphenhydramine 25 mg orally or IV Push Infusion may be continued at home or infusion center/MD office Other: _____
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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.

Orders Received by: _____ Date: _____

Prescriber's Name: _____

Prescriber's Signature: _____ Date: _____