

# CCMH Infusion Center

## ACUTE INFUSION REACTION AND ANAPHYLAXIS TREATMENT PROTOCOL

Symptom Classification	Protocol For Adults >66 lbs or 30 kg	Protocol For Children 15-30kg=33-66 lbs
<b>Mild Reaction</b> -Flushing -Dizziness -Headache -Apprehension -Diaphoresis -Palpitations -Nausea/Vomiting -Pruritus	-Stop infusion immediately -Initiate 0.9% NaCl bolus using new administration set to flush line -Administer Acetaminophen 500mg PO PRN q 4-6 hours for headache -Administer Diphenhydramine 25mg PO PRN q4-6 hours for pruritus -Administer Cetirizine 10mg PO PRN q 12 hours for pruritus -If symptoms subside, resume infusion at decreased rate -If symptoms worsen, see interventions for moderate or severe reactions	-Stop infusion immediately -Initiate 0.9% NaCl bolus using new administration set to flush line -Administer PRN medications per referring provider -If symptoms subside, resume infusion at decreased rate -If symptoms worsen, see interventions for moderate or severe reactions
<b>Moderate Reaction</b> -Chest tightness -Dyspnea -More than 20 mmHg change in systolic BP from baseline -More than 2°F increase in temperature from baseline -Urticaria	-Stop infusion immediately -Initiate rapid response/code team (4911) -Initiate 0.9% NaCl bolus using new administration set to flush line -Apply oxygen via nasal cannula 2-5L -Administer Acetaminophen 650mg PO PRN q 4-6 hours for headache or pyrexia -Administer Diphenhydramine 25mg IV PRN q4-6 hours for pruritus -Administer Cetirizine 10mg PO PRN q 12 hours for urticaria -Administer Albuterol 2.5mg inhaled PRN for chest tightness -If symptoms worsen, see interventions for severe reactions	-Stop infusion immediately -Initiate rapid response/code team (4911) -Initiate 0.9% NaCl bolus using new administration set to flush line -Administer PRN medications per referring provider -If symptoms worsen, see interventions for severe reactions
<b>Severe Reaction/ Anaphylaxis</b> -More than 40 mmHg change in systolic BP from baseline -More than 2°F increase in temperature from baseline with Rigors -Dyspnea with wheezing/stridor -Laryngeal edema -Chest pain -Hypoxemia	-Stop infusion immediately -Initiate rapid response/code team (4911) -Initiate 0.9% NaCl bolus using new administration set to flush line -Apply oxygen via nasal cannula 2-5L if pt stable, via facemask 8-10L if respiratory changes noted, or bag valve mask if rescue breaths are needed. -Administer Diphenhydramine 50mg IV once (May be administered IM if IV access is compromised) -Administer Methylprednisolone 125mg IV once -Administer Famotidine 20mg IVPB once -Administer Epinephrine 0.3mg/0.3ml (1mg/ml) IM into the mid-anterolateral aspect of the thigh, repeat in 5-15 minutes if needed -Administer Albuterol 2.5mg inhaled PRN for chest tightness -Maintain fluids 0.9% NaCl at 125ml/hr -Transfer patient to ER for further evaluation and treatment.	-Stop infusion immediately -Initiate rapid response/code team (4911) -Initiate 0.9% NaCl bolus using new administration set to flush line -Apply oxygen via nasal cannula 2-5L if pt stable, via facemask 8-10L if respiratory changes noted, or bag valve mask if rescue breaths are needed. -Administer Diphenhydramine 25mg IV once (May be administered IM if IV access is compromised) -Administer Methylprednisolone 40mg IV once -Administer Epinephrine 1mg/ml IM into the mid-anterolateral aspect of the thigh, repeat in 5-15 minutes if needed -Children 15-30kg dose=0.15mg/0.15ml -Children <15kg dose=per prescriber order -Maintain fluids 0.9% NaCl at 75ml/hr -Transfer patient to ER for further evaluation and treatment.

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

**\*\*Notify referring provider of reaction and patient condition**