



## ACUTE INFUSION REACTION & ANAPHYLAXIS TREATMENT PROTOCOL

	SYMPTOM CLASSIFICATION	PROTOCOL FOR ADULTS > 66lbs or 30kg	PROTOCOL FOR CHILDREN 33-66lbs or 15-30kg
MILD REACTION	<ul style="list-style-type: none"> <li>• Flushing</li> <li>• Dizziness</li> <li>• Headache</li> <li>• Apprehension</li> <li>• Diaphoresis</li> <li>• Palpitations</li> <li>• Nausea/vomiting</li> <li>• Pruritus</li> <li>• Back Pain</li> </ul>	<ul style="list-style-type: none"> <li>• Administer Acetaminophen 500mg or 650mg PO PRN q4-6 hours for headache, back pain</li> <li>• Administer Diphenhydramine 25mg or 50mg PO PRN q4-6 hours for pruritus</li> <li>• Administer Cetirizine or Loratadine 10mg PO PRN q12 hours for pruritus</li> <li>• If symptoms worsen, see interventions for moderate or severe reactions</li> </ul>	<ul style="list-style-type: none"> <li>• Administer PRN medications per referring provider order</li> <li>• If symptoms worsen, see interventions for moderate or severe reactions</li> </ul>
MODERATE REACTION	<ul style="list-style-type: none"> <li>• Chest tightness</li> <li>• Dyspnea</li> <li>• More than 20 mmHg change in systolic BP from baseline</li> <li>• More than 2° F increase in temperature from baseline</li> <li>• Urticaria</li> <li>• Rigors</li> </ul>	<ul style="list-style-type: none"> <li>• Administer Acetaminophen 500mg or 650mg PO PRN q4-6 hours for pyrexia or rigors</li> <li>• Administer Cetirizine or Loratadine 10mg PO PRN q12 hours for urticaria</li> <li>• Administer Diphenhydramine 25mg or 50mg PO or IV PRN q4-6 hours for pruritus</li> <li>• Administer Methylprednisolone 40mg IV once</li> <li>• If symptoms worsen, see interventions for severe reactions</li> </ul>	<ul style="list-style-type: none"> <li>• Administer PRN medications per referring provider order</li> <li>• If symptoms worsen, see interventions for severe reactions</li> </ul>
SEVERE REACTION / ANAPHYLAXIS	<ul style="list-style-type: none"> <li>• More than 40 mmHg change in systolic BP from baseline</li> <li>• More than 2° F increase in temperature from baseline with Rigors</li> <li>• Dyspnea with wheezing/stridor</li> <li>• Laryngeal edema</li> <li>• Chest pain</li> <li>• Hypoxemia</li> </ul>	<ul style="list-style-type: none"> <li>• Apply oxygen via nasal cannula, facemask, or bag valve mask if rescue breaths are needed</li> <li>• Administer Diphenhydramine 50mg IV or IM once</li> <li>• Administer Methylprednisolone 125mg IV once</li> <li>• Administer 0.9% NaCl 500mL at 125mL/hr</li> <li>• Administer Epinephrine 0.3mg/0.3mL (1mg/mL) IM into the mid-anterolateral aspect of the thigh, repeat in 5-15 minutes if needed</li> <li>• Administer 0.9% NaCl 1000mL bolus if incomplete response to Epinephrine</li> </ul>	<ul style="list-style-type: none"> <li>• Apply oxygen via nasal cannula, facemask, or bag valve mask if rescue breaths are needed</li> <li>• Administer Diphenhydramine 25mg IV or IM once</li> <li>• Administer Methylprednisolone 40mg IV once</li> <li>• Administer 0.9% NaCl 250mL at 75mL/hr</li> <li>• Administer Epinephrine (1mg/mL) IM into the mid-anterolateral aspect of the thigh, repeat in 5-15 minutes if needed <ul style="list-style-type: none"> <li>-Children 33-66lbs dose = 0.15mg/0.15mL</li> <li>-Children &lt;33lbs dose = per prescriber order</li> </ul> </li> <li>• Administer 0.9% NaCl 250mL bolus if incomplete response to Epinephrine</li> </ul>

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

\*This chart does not reflect all non-medicinal interventions that are part of Infusion Specialists protocol, such as infusion rate changes or 911/referring provider notification.