,	Health	Physician's Orders HYPERSENSITIVITY REACTIONS - PEDIATRIC, OUTPATIENT INFUSION CENTER Page 1 of 3	Patient Name DOB MRN Physician CSN	
	lts for orders not oth terval: PRN	erwise specified below:		
∣ 1y	ntil date: year			
	# of Treatmen			
		ICD 10 Code with De		
leight		n) Weight(kg) Allergies_		
Site of Service SH Gerber SH Helen DeVos (GR)		□ SH Lemmen Holton (GR)□ SH Ludington	□ SH Pennock □ SH Reed City	□ SH United Memorial □ SH Zeeland
	der Specialty rgy/Immunology	□ Infectious Disease	□ OB/GYN	□ Rheumatology
	diology	□ Internal Med/Family Practice	□ Other	□ Surgery
□ Gastroenterology □ Genetics		□ Nephrology □ Neurology	□ Otolaryngology□ Pulmonary	□ Urology □ Wound Care
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Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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Spectrum HYPERSENSITIVITY Health REACTIONS -PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED) Page 2 of 3

Patient Name
DOB
MRN
Physician

CSN

Nursing Orders (continued)

☑ ONC NURSING COMMUNICATION 5

Routine, Until discontinued Starting when released Until Specified

- For mild hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule.
- For moderate hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule unless epinephrine has been given. If hives and another symptom were present, do not restart without discussing with provider.
- When severe hypersensitivity reaction has occurred, do NOT resume medication infusion. Patient should be admitted for further observation and treatment.

Respiratory Interventions

Oxygen Therapy

Routine, PRN Starting when released Until Specified Oxygen Therapy per Protocol: Yes Protocol Instructions: Keep O2 greater than 90%

Hypersensitivity Reaction

Acetaminophen Premed – Select SUSPENSION, TABLET or CHEWABLE \checkmark acetaminophen (TYLENOL) 32 mg/mL suspension \checkmark 15 mg/kg, Oral, Once PRN, Fever, Headache, Starting when released, for 1 dose Maximum single dose is 650 mg acetaminophen (TYLENOL) tablet \checkmark 15 mg/kg, Oral, Once PRN, Fever, Headache, Starting when released, for 1 dose Maximum single dose is 650 mg. acetaminophen (TYLENOL) dispersable / chewable tablet \checkmark 15 mg/kg, Oral, Once PRN, Fever, Headache, starting when released, for 1 dose Maximum single dose is 650 mg. Albuterol 2.5 MG Nebulization \checkmark albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution 2.5 mg \checkmark 2.5 mg, Nebulization, Every 20 min PRN, Wheezing, Shortness of Breath, Starting when released, for 4 doses May Initiate Bronchodilator Protocol? No Maximum of 4 doses \checkmark Diphenhydramine Premed - Select CAPSULE, LIQUID or INJECTION diphenhydrAMINE (BENADRYL) capsule \checkmark 1 mg/kg, Oral, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose Maximum single dose is 50 mg. diphenhydrAMINE (BENADRYL) 12.5 mg/5 mL elixir \checkmark 1 mg/kg, Oral, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose Maximum single dose is 50 mg. diphenhydrAMINE (BENADRYL) injection \checkmark 1 mg/kg, Intravenous, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose Maximum single dose is 50 mg. EPINEPHrine IM \checkmark **EPINEPHrine injection** \checkmark 0.01 mg/kg, Intramuscular, Every 15 min PRN, Other, Moderate/Severe Hypersensitivity Reaction, Starting when released, for 2 doses Give if directed by provider for coughing, wheezing, decreased blood pressure. May repeat in 15 minutes as needed for one additional dose. Maximum single dose is 0.3 mg.

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CONTINUED ON PAGE 3 →



Spectrum HYPERSENSITIVITY Health REACTIONS -PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED) Page 3 of 3

Patient Name
DOB
MRN
Physician
CEN

✓ Famotidine IV

☑ famotidine (PEPCID) injection

0.25 mg/kg, Intravenous, Inject over 2 Minutes, Once PRN, For Moderate/Severe Hypersensitivity Reaction, Starting when released, Until Discontinued Give if directed by provider.

Maximum single dose is 20 mg.

MethylPREDNISolone Sodium Succinate IV

☑ methylPREDNISolone sodium succinate (SOLU-Medrol) injection

1 mg/kg, Intravenous, Inject over 15 Minutes, Once PRN, hypersensitivity reaction, for 1 dose To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

☑ Ondansetron IV

ondansetron (ZOFRAN) IV

0.15 mg/kg, Intravenous, Inject over 5 Minutes, Once PRN, For Nausea, Vomiting, Starting when released, for 1 dose Maximum single dose is 12 mg.

☑ Sodium Chloride 0.9% Bolus

☑ sodium chloride 0.9% bolus injection

20 mL/kg, Intravenous, Once PRN, Severe Hypersensitivity Reaction, Starting when released, for 1 dose Give if directed by provider (for hypotension). Administer as fast as possible.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials ____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:	VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
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