+



Spectrum Physician's Orders **Health** HYPERSENSITIVITY **REACTIONS -**PEDIATRIC, OUTPATIENT, **INFUSION CENTER**

_

Page 1 of 3

□ 1	ion: ntil date: year # of Treatment					
Antici	pated Infusion Date_	ICD 10 Code with D	ICD 10 Code with Description			
Heigh	t(cm	ı) Weight(kg) Allergies				
Site o	of Service					
☐ SH Gerber		☐ SH Lemmen Holton (GR)	□ SH Pennock	□ SH United Memoria		
☐ SH Helen DeVos (GR) Provider Specialty		☐ SH Ludington	☐ SH Reed City	□ SH Zeeland		
□ Alle	ergy/Immunology	☐ Infectious Disease	□ OB/GYN	☐ Rheumatology		
□ Caı	rdiology	☐ Internal Med/Family Practice	□ Other	☐ Surgery		
□ Ga	stroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology		
□ Ge	netics	☐ Neurology	□ Pulmonary	☐ Wound Care		
□	Routine, Until disconti	OMMUNICATION 2 nued Starting when released Until Specified ptoms of a hypersensitivity reaction, immediate dium Chloride at 10 mL/hour.	ely stop medication infusion and c	btain vital signs. Maintain IV		
	ONC NURSING C	OMMUNICATION 3				
	Routine, Until discontinued Starting when released Until Specified					
	In the event of a sever Rapid Response.	re hypersensitivity reaction, place patient in red	eumbent position to maintain bloo	d flow to vital organs. Call		
V	ONC NURSING C	OMMUNICATION 4				
	Routine, Until discontinued Starting when released Until Specified					
	 Mild hypersensitivit measurement. 	y reaction is defined as chills, nausea, headac	ne. Blood pressure should be wi	thin 20% of baseline		
		sitivity reaction is defined as angioedema, few %. Blood pressure should be within 20% of b	, ,	heezing with O2 sats greater		
		rivity reaction is defined as O2 sats less than ory distress, moderate angioedema, repetitive v				
	ONC NURSING C	OMMUNICATION 7				
	Routine, Until discontinued Starting when released Until Specified					
	Nursing to notify Resp reaction.	piratory Therapy STAT for administration of Alb	uterol therapy for wheezing in the	context of a hypersensitivity		



DO NOT MARK BELOW THIS LINE

CONTINUED ON PAGE 2 →

DO NOT MARK BELOW THIS LINE



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

☑ acetaminophen (TYLENOL) 32 mg/mL suspension

15 mg/kg, Oral, Once PRN, Fever, Headache, Starting when released, for 1 dose Maximum single dose is 650 mg.

acetaminophen (TYLENOL) tablet

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

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

☑ albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution 2.5 mg

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

☑ Diphenhydramine Premed - Select CAPSULE, LIQUID or INJECTION

☑ diphenhydrAMINE (BENADRYL) capsule

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

1 mg/kg, Oral, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose Maximum single dose is 50 mg.

☑ diphenhydrAMINE (BENADRYL) injection

1 mg/kg, Intravenous, Once PRN, Itching, Rash, Hyperemia, Starting when released, for 1 dose Maximum single dose is 50 mg.

☑ EPINEPHrine IM

EPINEPHrine injection

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.





Spectrum HYPERSENSITIVITY Health REACTIONS PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED)

Patient Name
DOB
MRN
Physician
CSN

☑ 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

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

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:			ORDERED:				
	TIME	DATE	TIME	DATE	TIME	DATE	Pager #
		Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 7/16/22