

**Evaluation form: Infusion Reaction**

Fellow Name \_\_\_\_\_

Year of Rheumatology Fellowship (circle one)    **1**        **2**        **3**

Below is a listing of specific objectives by competency.

**Appropriate History/Assessment of Grade 1 Infusion Reaction**

Yes/No (check)	Task	Points
	Up to date vital signs	1
	Examination of patient	1
	Medication	1
	Co-morbidities	0
	Onset of symptoms (time)	1
	Date of prior infusion/last infusion	1
	Problems with prior infusions	1
	Pre-medications given today	1
	Infusion rate	1
	Interventions already started	1

**Grade 1 Reaction Patient Intervention**

Yes/No (check)	Task	Points
	Continue the infusion	1
	Continue and decrease the infusion rate (Recommended Rate _____)	
	Stop the infusion	
	*Adjuvant Medication (circle all that are recommended) <i>Antihistamine    Acetaminophen/Tylenol        Steroids        IV Fluids</i>	*0
	Continued/Maintained IV	1
	Repeat vital sign monitoring requested	1
	Recommended update on patient	1

**Grade 3 Reaction Patient Intervention**

Yes/No (check)	Task	Points
	Recommended to stop the infusion	1
	Activate emergency response system or call code	1
	Adjuvant medications (circle all that are recommended) <i>*Epinephrine (Dose _____)        Steroids        Antihistamine</i> <i>IV Fluids        Nebulizer/Albuterol        Glucagon</i> <i>Other vasopressor        Acetaminophen/Tylenol</i>	*1
	Continuous non-invasive hemodynamic monitoring	1
	Placed patient on oxygen	1
	Requested clinical response/patient up date with interventions	1
	Rituximab placed on patient's allergy list	1
	Transition of care with EMS/ED provider	0
	Recommended updating patient's family or emergency contact	1
	Plan to contact patient's primary rheumatologist to inform of reaction	1

Feedback from participant

/22