

**Walgreens-OptionCare
TREATMENT GUIDELINES AND PHYSICIAN'S ORDER FOR ADULT
INFUSION RELATED ADVERSE REACTIONS**

Patient: _____

Date: _____

Patients with mild localized reactions may continue infusions at home with proper anaphylaxis treatment kit available in the home. Patients who develop severe reaction shall have subsequent infusions at a physician's office or other controlled setting.		
MILD LOCALIZED REACTION	MODERATE GENERALIZED REACTION	SEVERE GENERALIZED REACTION
<ul style="list-style-type: none"> • Pruritis or rash 	<ul style="list-style-type: none"> • Chest tightness without dyspnea/wheezing • Elevated temperature with rigors • Flushing with throat tightness • Hives without respiratory difficulty • Hypertension or hypotension • Shortness of breath • Wheezing w/o dyspnea 	<ul style="list-style-type: none"> • Cardiopulmonary symptoms and urticaria • Dyspnea with wheezing • Severe hypotension or hypertension
TREATMENT GUIDELINES		
<ul style="list-style-type: none"> • Slow infusion rate to KVO • Give Diphenhydramine 25-50 mg (Indicate route) <ul style="list-style-type: none"> <input type="checkbox"/> Orally <input type="checkbox"/> IV Push or IM • Other: _____ • Monitor vital signs every 10 minutes • Increase infusion rate as tolerated 	<ul style="list-style-type: none"> • Stop infusion • Give Diphenhydramine 50 mg IV push or IM • Monitor vital signs every 10 minutes • Resume infusion if tolerated • Other: _____ 	<ul style="list-style-type: none"> • Stop Infusion • Call EMS • Initiate CPR (if needed) • Give Epinephrine 1:1000 0.3 ml or Epi-Pen 1:1000 (0.3mg/0.3ml) IM in thigh. (may repeat in 10 minutes if necessary) • Give Diphenhydramine 50 mg IV Push or IM • Infuse normal saline at 250ml per hour. Titrate if patient is hypotensive • Call MD • Other: _____
PROPHYLAXIS FOR SUBSEQUENT DOSES		
<ul style="list-style-type: none"> • Premedicate with: Diphenhydramine 25-50 mg orally or IV Push • Other: _____ • Continue infusion and monitoring for S&S of adverse reaction 	<ul style="list-style-type: none"> • Premedicate with: - Diphenhydramine 25-50 mg orally or IV Push • Infusion may be continued at home or infusion center/MD office • Other: _____ 	<ul style="list-style-type: none"> • Requires test dose and pre-medications • Continue infusion in a controlled setting only

Orders Received by: _____

Date: _____

Physician's Name: _____

Physician's Signature: _____

Date: _____