



Infusion Reaction Policy

Infusion Reaction Standing Orders

POLICY STATEMENT:

It is the policy of the Infusion Center of New England and the Neurology Center of New England to manage intravenous infusion in accordance with medically acceptable standards and in accordance with the drug manufacturer recommendations.

PURPOSE/OBJECTIVE:

The purpose of this policy is to establish standing orders in the event of a hypersensitivity or allergic reaction during infusion management. The following standing orders are permissible in the event of infusion related reactions and are to be carried out by licensed medical providers who must act within their licensure scope of practice.

APPLIES TO:

This policy applies to all physicians, nurse practitioners, and registered nurses providing infusion management to patients at the Infusion Center of New England.

GENERAL PROCEDURES:

- In the case of any suspected infusion reaction, stop infusion and notify prescribing provider as soon as possible.
- Identify severity of infusion hypersensitivity or allergic reaction based on the criteria below and treat as needed.
- Record vital signs at time of reaction and at least every 15 minutes until resolution.
- Document and record time of all infusion reaction events in patient encounter note.
- Monitor any patient with reaction for at least 30 minutes post-infusion.

MILD Reaction Management - mild flushing, pruritus, mild myalgia, fever <100.5 °F

- Stop infusion
- Maintain IV access with normal saline 100ml/hr
- Administer any of the following as needed:
 - Acetaminophen 1000mg PO x1 PRN
 - Ibuprofen 600mg PO x1 PRN
 - Cetirizine 10mg PO or Loratadine 10mg PO x1 PRN
 - Diphenhydramine 25mg PO x1 PRN, may repeat once PRN
- Monitor symptoms for at least 15 minutes. If symptoms persist or worsen - proceed to moderate reaction management
- At resolution, restart infusion per medication protocol



MODERATE Reaction Management – scratchy throat, rigors, significant pruritus, urticaria, rash, nausea/vomiting, arthralgia, fever >100.5 °F, hypotension, hypertension

- Stop infusion
- Maintain IV access with normal saline 100ml/hr
- Position patient in Trendelenburg as needed
- Administer any of the following as needed:
 - Acetaminophen 1000mg PO x1 PRN
 - Toradol 15-30mg IV PRN
 - Diphenhydramine 25mg IV x1 PRN, may repeat once in 15min if symptoms persist or worsen
 - Methylprednisolone 125mg IV x1 PRN
 - 500ml Normal Saline IV over 30-60 minutes PRN, may repeat once as needed
- Monitor for at least 30 minutes or until symptoms resolve. If symptoms persist or worsen, proceed to severe reaction management and notify prescribing provider
- Can resume infusion per medication protocol with provider permission. Resume per medication protocol
- Monitor patient for at least 30 minutes after infusion before discharge

SEVERE Reaction Management - anaphylaxis, bronchospasm, angioedema, dyspnea

- Promptly stop infusion and call for medical assistance. Alert staff to call 911 and gather emergency equipment.
- Administer oxygen via face mask
- Position patient in Trendelenburg as needed
- Maintain IV access with normal saline bolus IV
- Administer any of the following as needed:
 - Epinephrine (EpiPen) 0.3mg/0.3ml IM
 - Diphenhydramine 25-50mg IV PRN
 - Methylprednisolone 125mg IV PRN
- Administer BLS as needed

**Any patient with severe infusion reaction will be transferred to emergency department for continued monitoring and reaction management **

Policy Approved By:

Name/Title	Date
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