

## Infusion & Anaphylaxis Order Form

(Infusion Suite Administration Only)

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg) \_\_\_\_\_ (lbs)

Drug Order (sig): \_\_\_\_\_  IV  Subcutaneous First Dose:  Yes  No

Normal Saline 0.9% up to 10mL IV per SAS(H) protocol. 10mL IV after lab draw and as needed.

Heparin (10 U/mL if pediatric, 100U/mL if adult), 5mL IV per SASH protocol.

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PREMEDICATIONS**

Acetaminophen 325-650mg by mouth PRN prior to beginning infusion.

Diphenhydramine 25-50mg by mouth PRN prior to beginning infusion.

Other (specify): \_\_\_\_\_

**NURSING PROTOCOL – Mild- Moderate SYMPTOMS**

- SLOW** to half the original rate or **STOP** infusion, continue/restart infusion at half-rate if tolerated.
- Monitor** symptoms until completion of infusion.
- When necessary **administer** medications as specified below.
- Closely monitor symptoms and **notify** prescriber of occurrence, medications used and patient outcome.

Drugs	5-12 yrs old (20-44 kg)	>12 yrs old (>44kg)	Route	Note
<input checked="" type="checkbox"/> Acetaminophen	(5-6 years) 120 mg (6-12 years) 325 mg	650 mg	PO	Re-check temperature 30 min following administration
<input checked="" type="checkbox"/> Diphenhydramine	12.5 - 50 mg 0.25ml – 1ml	25 - 50 mg 0.5 – 1ml	IV or IM	Slow IVP may repeat x 1 PRN (not to exceed 25mg/min) <b>2 minute push for 50mg dose</b>
<input type="checkbox"/> Epinephrine (1:1000)	0.15 ml	0.3 ml	SQ	Repeat every 3-5 min PRN
<input type="checkbox"/> Hydrocortisone	50 – 100 mg	100 - 200 mg	IV	Reconstitute with 2ml NS IVP 30 sec/100mg <b>(1 min push for 200mg)</b>
<input type="checkbox"/> Methylprednisolone	10 – 20mg 0.2 – 0.3ml	40 – 125mg 0.6ml – 2ml	IV	one time dose IVP over 3-15 min
<input type="checkbox"/> Normal Saline IV	500ml NS Bolus	500ml NS Bolus	IV	Repeat if necessary
<input type="checkbox"/> Oxygen	0.5-3L/min	2-6 L/min	Nasal Cannula	
<input type="checkbox"/> Other				

**NURSING PROTOCOL – SEVERE SYMPTOMS/ANAPHYLAXIS**

- STOP** infusion, **activate EMS**, Administer medications as specified above and/or initiate BLS.
- Remain** with patient until EMS arrives.
- Document** in Nursing Notes all medications administered and patient outcome.
- Notify** prescriber of occurrence, medications used and outcome.

I certify that this patient is under my care and I agree to the above nursing protocol if the patient should experience signs or symptoms of infusion reaction or anaphylaxis.

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

NPI: \_\_\_\_\_