

EXAMPLE HYPERSENSITIVITY REACTION MANAGEMENT PROTOCOL

Thank you to [OI Infusion Services](#) for sharing this example protocol/order set.



Hypersensitivity Reaction Management Protocol Orders

Mild Reaction (mild flushing or pruritus, fever less than 100.5 F, myalgia):

- Stop infusion – maintain IV access with 0.9% sodium chloride PRN
 - If symptoms resolve within 10 minutes, restart infusion at maximum of 50% of previously tolerated rate for 15 minutes, then resume titration per medication protocol as tolerated
- Administer **diphenhydramine 25 mg IV** (or IM if no IV access) once PRN. May repeat once in 15 minutes if symptoms persist or progress.
 - If symptoms persist or progress, proceed to **Moderate** reaction management as below

Moderate Reaction (significant pruritus, urticaria, rash, nausea/vomiting, myalgia, arthralgia, fever, hypotension/hypertension [change in SBP less than 30% of baseline]):

- Stop infusion – maintain IV access with 0.9% sodium chloride PRN
- Administer **diphenhydramine 25 mg IV** (IM if no IV access) once PRN. May repeat once in 15 minutes if symptoms persist or worsen
- Administer **methylprednisolone 125 mg IVP (IVP Only)** once PRN
- Administer **famotidine 20 mg IVP** (IM if no IV access) once PRN
- Reassess symptoms:
 - If symptoms completely resolve within 30 minutes, may restart infusion at maximum of 50% of previously tolerated rate for 15 minutes, then resume titration per medication protocol as tolerated.
 - If symptoms persist or progress, proceed to **Severe** reaction management as clinically indicated and notify ordering provider after patient is stabilized.

Severe Reaction or ANAPHYLAXIS (severe hypotension [SBP less than 90 mmHg or greater than 30% decrease from baseline], bronchospasm, angioedema, wheezing, dyspnea):

- Promptly and simultaneously
 - Stop infusion – maintain IV access with 0.9% sodium chloride bolus
 - Call for medical assistance (facility staff to call 911); prepare to initiate BLS as indicated
 - Administer oxygen via facemask if needed
- **If anaphylaxis suspected (acute onset of mucocutaneous symptoms with respiratory compromise or severe hypotension): Administer epinephrine 0.3 mg/0.3ml IM STAT**
- Administer **diphenhydramine 25-50 mg IVP** (IM if no IV access) once PRN.
- Administer **methylprednisolone 125 mg IVP (IVP Only)** once PRN
- Administer **famotidine 20 mg/2 ml IVP** (IM if no IV access) once PRN
- Transfer patient to emergency department as clinically indicated.

DISPOSITION: Patients requiring epinephrine or those with persistent severe symptoms will be transferred to ED via ambulance. For stable patients whose symptoms resolve promptly, the supervising provider will make a decision regarding disposition. If leaving via private vehicle, patients will be monitored for 30 minutes following the resolution of symptoms prior to discharge.

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