



Nevada Infusion

Hypersensitivity Reaction Order Set

Adult - Hypersensitivity Order Set

MILD INFUSION REACTION:

Signs & Symptoms (Including but not limited to): Mild headache, Transient flushing, Mild cough, Patchy rash or mild urticaria, Pruritus (itching), Mild nausea/vomiting, Mild diarrhea, Tickle in throat, Rhinitis, No significant vital sign changes

Initial Management:

- Slow infusion to ½ rate
- Monitor vital signs q15min, document symptoms, interventions and patient response
- Titrate per RN clinical judgement

If symptoms persist OR worsen:

- Stop infusion
- Medications:**
 - Diphenhydramine 25mg IV over 2min
 - Famotidine 20mg IV over 2min
 - Acetaminophen 650mg PO

If no improvement after 30min:

- Add:** Methylprednisolone 125mg IV or Hydrocortisone 100 mg IV over 1-2 minutes
- If symptoms persist → escalate to Moderate protocol

MODERATE INFUSION REACTION:

Signs & Symptoms - All mild symptoms that worsen or persist, in Addition to any of the following (including but not limited to): Shortness of breath, Chest tightness, Fever (temperature $\geq 38^{\circ}\text{C}$ or increase $>1^{\circ}\text{C}$ from baseline), Back/flank pain, Rigors/chills, tachycardia (HR >110 bpm or $>20\%$ increase from baseline), Blood pressure changes ($>20\%$ from baseline), Hypoxemia (O_2 saturation $<94\%$), Generalized urticaria, Significant discomfort.

****Providers will be notified of moderate infusion reaction ****

Initial Management:

- STOP INFUSION
- NS 500mL at 500mL/hr (increase to 1000mL/hr if SBP <90 or DBP <50)
- Supplemental O_2 via NC to maintain oxygen sat $<92\%$ (titrate as needed to achieve oxygen saturations)

Medications - Administer the following medications sequentially in the order listed:

- Diphenhydramine 25-50mg IV over 2min (max dose of 75 mg including pre-medications)
- Famotidine 20mg IV over 2min
- Methylprednisolone 125mg IV or Hydrocortisone 100 mg IV over 1-2min
- Acetaminophen 650 mg PO

If symptoms resolve after 30min:

- May restart infusion at ½ previous rate



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If cardiovascular or respiratory collapse or patient instability:

- Begin CPR per BLS/ACLS protocols
- Continue until EMS arrives
- Notify ordering provider regarding patients status

SEVERE INFUSION REACTION (ANAPHYLAXIS):

Signs & Symptoms: Rapid onset of multiple symptoms affecting multiple body systems.

ANY of the following (included, but not limited to): Respiratory compromise (severe dyspnea, wheezing, stridor, hypoxemia), significant hypotension (SBP <80 mmHg or >20% drop from baseline), tachycardia or new arrhythmias, angioedema (lip/tongue/facial swelling), throat tightness or difficulty swallowing, O₂ saturation <90% despite supplemental oxygen, altered mental status, syncope or pre-syncope, cyanosis, unconsciousness.

Initial Management:

- STOP INFUSION IMMEDIATELY
- Call EMS/911
- 1000mL NS IV (infused as quickly as IV can be infused)
- Supplemental O₂ to maintain oxygen saturations greater than 90%

Medications - Administer the following medications sequentially in the order listed:

- FIRST:** Epinephrine 0.3mg IM x 1 dose
 - May repeat x 1 q5-15min PRN if no improvement
- Diphenhydramine 50mg IV (max dose of 75mg including pre-medications)
- Famotidine 20mg IV
- Methylprednisolone 125mg IV or Hydrocortisone 100 mg IV over 1-2 minutes

If cardiovascular or respiratory collapse or patient instability:

- Begin CPR per BLS/ACLS protocols
- Continue until EMS arrives
- Notify ordering provider regarding patients status

DOCUMENTATION REQUIREMENTS:

For all infusion reactions:

- Document precise timeline of events
- Record all vital signs and assessment findings
- Note all medications administered (dose, route, time, response)
- Document all communications with providers
- Complete an unusual occurrence form per Nevada Infusion policy
- Document patient education provided
- Include follow-up plan in discharge instruction



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Pediatric - Hypersensitivity Order Set

MILD INFUSION REACTION:

Signs & Symptoms (Including but not limited to): Mild headache, transient flushing, mild cough, patchy rash or mild urticaria, pruritus (itching), mild nausea/vomiting, mild diarrhea, tickle in throat, rhinitis, no significant vital sign changes.

Initial Management:

- Slow infusion to ½ rate
- Stay with patient to monitor symptoms, SpO2 continuously, monitor vital signs q5min, document symptoms, interventions and patient response
- Titrate per RN clinical judgement

If symptoms persist OR worsen:

- Stop infusion

Give Medications:

- Diphenhydramine 1 mg/kg IV (maximum pediatric dose is 50 mg) IV push over 5 minutes

AND

- Cetirizine once every 24 hours
 - >6 months to <2 years: 2.5 mg PO
 - 2 to 5 years: 5 mg PO
 - >5 years: 10 mg PO

If no improvement after 30min:

Add:

- Hydrocortisone 2 mg/kg (maximum dose 100 mg/dose) IV push over 30 seconds (if not administered within the last 30minutes)
- If symptoms persist → escalate to Moderate protocol

MODERATE INFUSION REACTION:

Signs & Symptoms - All mild symptoms that worsen or persist, in Addition to any of the following (including but not limited too): Shortness of breath, Chest tightness, Fever (temperature $\geq 38^{\circ}\text{C}$ or increase $>1^{\circ}\text{C}$ from baseline), Back/flank pain, Rigors/chills, tachycardia (HR >110 bpm or $>20\%$ increase from baseline), Blood pressure changes ($>20\%$ from baseline), Hypoxemia (O_2 saturation $<94\%$), Generalized urticaria, Significant discomfort

Initial Management:

- STOP INFUSION IMMEDIATELY
- Call EMS/911



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- Supplemental O₂ to maintain oxygen saturations greater than 95%

Medications - Administer the following medications sequentially in the order listed:

- FIRST:** Epinephrine (0.01 mg/kg/dose) IM repeat x1 in 5 to 15 min PRN. May repeat q 5-15 min PRN if no improvement (maximum dose 0.5 mg dose)
- Diphenhydramine 1 mg/kg IV push over 5 minutes (maximum 50 mg/dose including pre-medications)
- Hydrocortisone (Solu-Cortef) 2 mg/kg IV push over 1-2 minutes (maximum dose 100 mg)
- Famotidine 20mg IV (maximum dose 20 mg)

If cardiovascular or respiratory collapse or patient instability:

- Begin CPR
- Continue until EMS arrives
- Notify ordering provider regarding patients status

SEVERE INFUSION REACTION (ANAPHYLAXIS):

Signs & Symptoms: Rapid onset of multiple symptoms affecting multiple body systems.

ANY of the following (included, but not limited to): Respiratory compromise (severe dyspnea, wheezing, stridor, hypoxemia), significant hypotension (SBP <80 mmHg or >20% drop from baseline), tachycardia or new arrhythmias, angioedema (lip/tongue/facial swelling), throat tightness or difficulty swallowing, O₂ saturation <90% despite supplemental oxygen, altered mental status, syncope or pre-syncope, cyanosis, unconsciousness

Initial Management:

- STOP INFUSION IMMEDIATELY
- Call EMS/911
- Give Normal Saline 10mL/kg (maximum 1,000 mL) IV bolus
- Supplemental O₂ to maintain oxygen saturations greater than 95%

Medications - Administer the following medications sequentially in the order listed:

- First:** Epinephrine (0.01 mg/kg/dose) IM repeat x1 in 5 to 15 min PRN. May repeat q 5-15 min PRN if no improvement (maximum dose 0.5 mg dose)
- Diphenhydramine 1 mg/kg IV push over 5 minutes (maximum 50 mg/dose including pre-medications)
- Hydrocortisone (Solu-Cortef) 2 mg/kg IV push over 1-2 minutes (maximum dose 100 mg)
- Famotidine 20mg IV (maximum dose 20 mg)

If cardiovascular or respiratory collapse or patient instability:

- Begin CPR
- Continue until EMS arrives
- Notify ordering provider regarding patients status



Nevada Infusion

Reno Location - 5401 Longley Lane, Suite 34, Reno, NV 89511

Carson Location - 180 E. Winnie Lane, Carson City, NV, 89706

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For all infusion reactions:

- Document precise timeline of events
- Record all vital signs and assessment findings
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