

IV League Pharmacy Anaphylaxis Kit Order Form

Adult Treatment Protocol

Reaction	Instructions
Mild (itching, rash, nausea, vomiting)	<ul style="list-style-type: none"> STOP the infusion of the medication immediately. Contact your physician, nurse or pharmacist immediately. Administer Diphenhydramine (Benadryl) 50 mg by mouth, may repeat in 4 hours as needed.
Severe (angioedema, wheezing, difficulty breathing, swelling of eyelids, lips or throat)	<ul style="list-style-type: none"> STOP the infusion of the medication immediately. Call your local paramedic team (911). Obtain additional orders or directions as indicated. Contact your physician, nurse or pharmacist immediately. <p><u>If Nurse is present in the home during a severe reaction:</u></p> <ul style="list-style-type: none"> Administer Diphenhydramine (Benadryl) 25 mg (0.5 ml) slow IV push (if patent) or IM; may repeat x 1 in 15 minutes as needed if no improvement. If severe respiratory symptoms present or progressive worsening of symptoms occur after 5 minutes, administer Epinephrine 0.3 mg (0.3 ml) IM or subcutaneously; may repeat x 1 in 5 to 15 minutes as needed. Administer NS 500 ml IV KVO rate as needed for anaphylaxis (may not be provided in the event of national drug shortages) Monitor patient's vital signs, including mental status. If hypotensive, elevate the patient's legs. If difficulty breathing, tilt the patient's head or thrust jaw to relieve airway obstruction. If cardiopulmonary arrest occurs, begin CPR. Monitor & document vital signs every 2 minutes until stable, then every 15 minutes as needed. Remain with patient until paramedics arrive. Contact the physician, director of nursing or pharmacist. After the event nurse to document events & medications administered on medical record, complete an Incident / Unusual Occurrence Report & notify the administrator, pharmacist & director of Nursing ASAP, within 24 hours of occurrence.

Pediatric Treatment Protocol

Reaction	Instructions
Mild (itching, rash, nausea, vomiting)	<ul style="list-style-type: none"> STOP the infusion of the medication immediately. Call your Physician, Nurse or Pharmacist Immediately.
Severe (angioedema, wheezing, difficulty breathing, swelling of eyelids, lips or throat)	<ul style="list-style-type: none"> STOP the infusion of the medication immediately. Call your local paramedic team (911). Obtain additional orders or directions as indicated. Contact your physician, nurse or pharmacist immediately. <p><u>If Nurse is present in the home during a severe reaction:</u></p> <ul style="list-style-type: none"> Administer Diphenhydramine (Benadryl) slow IV push (if patent) or IM; may repeat x 1 in 15 minutes as needed if no improvement. If severe respiratory symptoms present or progressive worsening of symptoms occur after 5 minutes, administer Epinephrine IM or subcutaneously; may repeat x 1 in 5 to 15 minutes as needed. Administer NS 250 ml IV KVO rate as needed for anaphylaxis (may not be provided in the event of national drug shortages) Monitor patient's vital signs, including mental status. If hypotensive, elevate the patient's legs. If difficulty breathing, tilt the patient's head or thrust jaw to relieve airway obstruction. If cardiopulmonary arrest occurs, begin CPR. Monitor & document vital signs every 2 minutes until stable, then every 15 minutes as needed. Remain with patient until paramedics arrive. Contact the physician, director of nursing or pharmacist. After the event nurse to document events & medications administered on medical record, complete an Incident / Unusual Occurrence Report & notify the administrator, pharmacist & director of Nursing ASAP, within 24 hours of occurrence.

Pediatric Dosing (weight-based)

Greater than 30 kg

- Diphenhydramine (Benadryl) 25 mg (0.5ml) slow IV push or IM
- Epinephrine 0.3 mg (0.3 ml) IM or subcutaneously
- NS 250 ml IV KVO rate

15 to 30 kg

- Diphenhydramine (Benadryl) 1.25 mg/kg slow IV push or IM
- Epinephrine 0.15 mg (0.15 ml) IM or subcutaneously
- NS 250 ml IV KVO rate

Less than 30 kg

- Diphenhydramine (Benadryl) 1.25 mg/kg slow IV push or IM
- Epinephrine 0.01 mg/kg IM or subcutaneously
- NS 250 ml IV KVO rate

** Pharmacist will dispense corresponding supplies needed to administer medication listed above, including syringes & needles.

** Nurse to instruct patient or caregiver on proper use of anaphylaxis kit, signs & symptoms of adverse events or anaphylactic/allergic reactions.

** I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment

Patient Information

Patient Name:	Date of Birth:
Prescriber Information	
Prescriber Name:	NPI:
Prescriber Signature:	Date:

Please fax completed form to IV League Pharmacy at (310) 645-6464. For any questions, please call our office at (310) 645-1500.

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