

Treatment Algorithm for Infusion Reactions OP-Infusion

<p>Mild</p> <p>Flushing Dizziness Nausea/vomiting Headache Diaphoresis Palpitations Temp >38°C (100.4°F) Rigors</p>	<p>Moderate</p> <p>Symptoms of mild reaction AND/OR Chest discomfort (tightening/Pressure) Shortness of Breath Hypo/Hypertension (≥ 20mmHg Δ SBP) Urticaria* Increased work of breathing* *Bold text is highly suggestive of anaphylaxis</p>	<p>Severe</p> <p>Symptoms of mild & moderate reactions AND/OR Hypo/hypertension (≥40 mmHg Δ in SBP) wheezing or stridor* Throat tightness/changes in voice* Dyspnea* *Bold text is highly suggestive of anaphylaxis</p>
<ul style="list-style-type: none"> • Stop infusion & contact provider • Monitor VS and O2 sats every 5 min until symptoms resolve or min of 30 minutes • IF symptoms resolve: <ul style="list-style-type: none"> ○ Resume infusion at the rate prior to when the reaction occurred OR at ½ the initial rate • IF symptoms do NOT resolve <ul style="list-style-type: none"> ○ Proceed to Moderate grade 	<ul style="list-style-type: none"> • Stop infusion & contact provider • Monitor VS and O2 sats every 5 min until symptoms resolve or min of 30 minutes • If not already given as a premedication: • Administer: <ul style="list-style-type: none"> ○ Diphenhydramine 50mg IV push X1 and ○ Dexamethasone 4mg IV push X 1 • IF symptoms resolve: Provider must evaluate the risk/benefit of resuming infusion. New orders to be written to continue. • IF symptoms do NOT resolve proceed to Severe grade 	<ul style="list-style-type: none"> • IF not already initiated: • Stop infusion & contact provider • Monitor VS and O2 sats every 5 min until symptoms resolve or min of 30 minutes. • Call Rapid Response, provide oxygen to maintain SaO2 at or above patient baseline, maintain airway. • IF not already given, administer: <ul style="list-style-type: none"> ○ Diphenhydramine 50mg IVP X1 and ○ Dexamethasone 4mg X1 • Epinephrine 0.3 mg IM administer PRN X1 for airway compromise or other symptoms of anaphylaxis or with Rapid Response team support. • IF symptoms resolve: Provider must evaluate the risk/benefit of continuation of treatment and prophylactic premedication if not already ordered. New infusion orders must be provided and signed by the appropriate provider.

Infusion

Appointment line: 503-814-4638 (M-F: 8 a.m.-4 p.m., Sat & Sun 8 a.m.-2 p.m.) Fax: 503-814-1465
Clinic Hours M-F 8am-4:30pm, Sat-Sun & Holidays 8am-2:30pm

Kirham, B., BA, MD, FRCP, FRACP. (2017, September 12). Tumor necrosis factor-alpha inhibitors: An overview of adverse effects (D. E. Furst MD & P. L. Romain MD, Eds.). Retrieved October 03, 2017, from https://www.uptodate.com/contents/tumor-necrosis-factor-alpha-inhibitors-an-overview-of-adverse-effects?source=search_result&search=types%20of%20infusion%20reactions&selectedTitle=1-150#H12

LaCasce, A. S., MD, Castells, M. C., MD, Burstein, H., MD, & Meyehardt, J. A., Md. (2017, August 03). Infusion-related reactions to therapeutic monoclonal antibodies used for cancer therapy (R. E. Drews MD, F. Adkinson Jr MD, D. M. Savarese MD, & A. M. Feldweg MD, Eds.). Retrieved September 29, 2017, from https://www.uptodate.com/contents/infusion-related-reactions-to-therapeutic-mono-clonal-antibodies-used-for-cancer-therapy?source=search_result&search=infusion%20reaction%20MoAb&selectedTitle=1-150