

## Treatment Algorithm for Infusion Reactions OP-Infusion

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

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](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](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)

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