TITLE: Management of Anaphylaxis Policy

DEFINITIONS:

Anaphylaxis: An acute, potentially fatal, systemic reaction that can occur as a result of medication administration and which requires emergency management.

PROCEDURES:

A. Review patient’s drug history, previous drug reactions and allergies. Notify physician if patient has history of systemic reactions or contraindications to any emergency medications. Refer to HCS Policy 200.015 Administration of Medications and Blood Components by Clinical Personnel.

B. Anaphylaxis Kits (Exhibit 1) will be dispensed when prescribed and per specific therapy protocols for drugs and/or biologicals with a high potential for adverse drug events (ADE’s) or side effects. Such medications include but are not limited to:
   1. Immunoglobulin: intravenous and subcutaneous
   2. Designated medications administered in the home or infusion center. Refer to HCS Procedure 253.037 First Dose Medication Administration procedure.

C. The physician’s emergency contact number must be valid and the physician must be accessible for consultation during infusion.

D. Prior to infusion, obtain baseline vital signs and instruct patient regarding signs and symptoms of adverse reactions and appropriate response for emergency treatment.

E. If signs and symptoms of a mild/localized reaction occur (e.g. itching) administer the following according to standard protocol or as otherwise directed per physician’s order:
   1. If drug infusion is in progress, stop immediately.
   2. Maintain intravenous line with 0.9% Sodium Chloride or other appropriate solution as required to prevent or treat hypotension
   3. Administer Diphenhydramine as ordered by physician
   4. Monitor vital signs every 5 minutes and closely observe the patient until the reaction subsides
   5. If symptoms persist, seek professional emergency care (e.g. call 911)
   6. Notify patient’s physician, pharmacist, and other care providers of reaction as soon as possible and document details of event.

F. If signs and symptoms of a severe/systemic anaphylactic reaction occur (e.g. severe itching, rash, nausea, or vomiting, tightness in the chest, chills, agitation, dizziness, abdominal cramping, respiratory distress, hypotension, edema, flushing, syncope, weakness, choking sensation, cough) administer the following according to standard protocol or as otherwise directed per physician’s order:
   1. If drug infusion is in progress, stop immediately.
   2. Call 911 to active the emergency response system.
3. Establish and maintain airway
4. Administer Epinephrine as ordered
5. Administer Diphenhydramine as ordered
6. Maintain or obtain venous access with 0.9% Sodium Chloride or other appropriate solution to prevent or treat hypotension
7. Monitor patient’s pulse, respirations, blood pressure, and temperature every 5 minutes
8. Keep patient in supine position
9. Remain with patient until emergency medical services arrive, initiate CPR if necessary
10. Notify patient’s physician immediately, or as soon as safely possible
11. Notify pharmacist and other care providers of event as soon as possible and provide details of event

G. For both scenarios described above, report event occurrence according to HCS Policy 200.016 Adverse Drug Event Prevention, Response, and Reporting Process procedure (Reference 3) including completion of an Event Tracking Form.

H. Document the following in the patient’s home care record:
   1. Signs and symptoms of reactions noted
   2. Actions taken including all administered drugs and dosages
   3. Patient’s response to treatment
   4. Communications/contact made
   5. Patient’s final disposition

I. Update patient’s health record with allergy information.

EXHIBITS:

1. Pediatric Anaphylaxis and Adult Anaphylaxis Kit

UMHHC/HCS REFERENCES:

1. 200.015 Administration of Medications and Blood Components by Clinical Personnel
2. 253.037 First Dose Medication Administration
3. 200.016 Adverse Drug Event Prevention, Response, and Reporting Process

APPROVAL AND REVISIONS:

1. August 1998, update to new format.
2. October 2001, minor formatting revisions, dosage updates.
3. July 2003, reviewed; dosage updates.
5. August 2007, updated Exhibit 1 to delete dosage information.
6. December 2012, reviewed with minor changes.
7. December 2015, reviewed with no content changes and new signatures not required.
8. February 2019, updated from a procedure to a policy and reviewed with minor changes.
### Pediatric Anaphylaxis Kit

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<th>DESCRIPTION</th>
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<tr>
<td>Epinephrine Auto-Syringe Junior (Weight 15kg to &lt; 30kg) or Epinephrine Compounded (Weight &lt; 15 kg) Diphenhydramine Compounded 0.9% Sodium Chloride, 500ml 1ml syringe 25g x 5/8” needle, 3ml syringe 21g x 1” needle, 10ml syringe, 21g x 1” needle, 23G butterfly w/extension, Tongue blade, 60mm airway (small), 80mm airway (medium), Alcohol wipes Non-vented IV set, Gloves (medium)</td>
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### Adult Anaphylaxis Kit

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<td>Epipen 1:1000 USP ( 0.3 mg) Diphenhydramine HCL (50 mg/1mL Steri-Dose Syringe or vial) 0.9% Sodium Chloride (500 mL) 1ml syringe 25g x 5/8” needle, 3ml syringe 21g x 1” needle, 10ml syringe 21g x 1” needle, 21G butterfly w/extension, Tongue blade, 90mm airway (medium), 100mm airway (large), Alcohol wipes Non-vented IV Set Gloves (medium)</td>
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