



Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

Acute Infusion Reaction Protocol

Infusion/allergic reaction management to include, but not limited to, itching, hives/rash, low back pain, joint pain, or bone pain, flushing/warmth, diaphoresis, chest tightness, headache, nausea/vomiting, palpitations, rigors, hypo or hypertension.

1. Assess symptoms. Temporarily stop infusion. Start 0.9% saline TKO to maintain IV or port patency.
2. Monitor symptoms and if completely resolved within 30 minutes, may restart infusion at 50% of prior rate or the beginning of ramping protocol and increase rate as tolerated.
3. If symptoms improved, but not resolved completely, give diphenhydramine (Benadryl) 25mg IV in at least 9mL NS as a slow push or by IV infusion over less than 10 minutes. May repeat 25 mg Benadryl every 15 minutes for continued symptoms, not to exceed 50 mg total, including pre-medication and infusion reaction doses.
4. Give Acetaminophen (Tylenol) 650mg PO if not given as a pre-medication.
5. Continue vital signs every 15-30 minutes until symptoms are completely resolved.
6. If reaction has not improved or is worsening, give methylprednisolone (Solu-Medrol) 40mg IV push, not to exceed 50 mg/min. Notify supervising MD. Contact prescriber to request order to administer at each infusion of same medication in the future.
7. Give albuterol 90mcg X 2 puffs if patient experiences respiratory symptoms.
8. If reaction resolves, resume infusion from the beginning of the ramping protocol and increase rate as tolerated.
9. If reaction worsens after restarting infusion, discontinue infusion, but maintain IV until vital signs and condition become stable and notify supervising MD to discuss if infusion may proceed.

For anaphylaxis: (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

1. Assess symptoms. Stop infusion.
2. Give epinephrine (EpiPen) 0.3mg SQ or IM. May repeat epinephrine in 5-10 minutes if symptoms continue.
3. Call 911 & notify supervising MD.
4. Administer O₂ to maintain saturation >94% or baseline.
5. Bolus 500 mL normal saline. Consult provider prior to this step if patient has heart or renal failure.
6. Administer albuterol 90 mcg x 2 puffs for respiratory symptoms. Repeat per provider order.
7. If patient has not already reached maximum doses as part of an ongoing infusion reaction or pre-medication, give
 - a. Diphenhydramine (Benadryl) 50 mg IV in at least 9 mL NS as a slow push or by IV infusion over less than 10 minutes. May repeat x 1 in 15 minutes, not to exceed 100 mg total, including pre-medication and infusion reaction doses.
 - b. Solu-medrol 100 mg IV, not to exceed 100 mg total, including pre-medication and infusion reaction doses. May administer 60 mg IV if patient already received 40 mg.
8. Give famotidine (Pepcid) 20 mg IV slow push or by IV infusion over < 10 minutes.