

PROTOCOL CODE: SCDRUGRX – PPO A

Preprinted Order A: Immediate management of infusion-related reaction and resumption of infusion

DOCTOR'S ORDERS

DATE:	TIME:	Cycle #:
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Infusion-Related Reaction Management:
Stop infusion and administer the following:

- | | |
|---|--|
| <input type="checkbox"/> diphenhydrAMINE 50 mg IV
<input type="checkbox"/> hydrocortisone sodium succinate 100 mg IV
<input type="checkbox"/> NS 0.9% _____ mL IV fluid bolus over ____ minutes
<input type="checkbox"/> epinephrine 0.5 mg* IM STAT Q5min (max 3 total doses or per provider discretion)
<input type="checkbox"/> famotidine 20mg IV
<input type="checkbox"/> meperidine 25mg IV
<input type="checkbox"/> meperidine 50mg IV
<input type="checkbox"/> Others: | <input type="checkbox"/> salbutamol 100 mcg inhaler, 2 puffs via aerosol chamber
<input type="checkbox"/> salbutamol 5 mg via nebulizer
<input type="checkbox"/> ipratropium 20 mcg/salbutamol 100 mcg inhaler, 1 puff via aerosol chamber
<input type="checkbox"/> ipratropium 20 mcg inhaler, 2 puffs via aerosol chamber
<input type="checkbox"/> ipratropium 0.5 mg via nebulizer
<input type="checkbox"/> oxygen to maintain oxygen saturation above 92%
<input type="checkbox"/> acetaminophen 650mg PO
<input type="checkbox"/> dimenhydrinate 50mg IV |
|---|--|
- *Note: epinephrine 1:1,000 = 1 mg/mL and epinephrine 1:10,000 = 1 mg/10 mL

- SCDRUGRX:** Use for drugs/protocols with no specific infusion reaction guidelines
- Restart** _____ (indicate drug name) infusion at 25% OR ____% of the rate at which the reaction occurred and titrate as per SCDRUGRX or cap rate at ____ once symptoms of reaction have subsided
- 25% of the rate at time of reaction for 5 minutes, then
 - 50% of the rate at time of reaction for 5 minutes, then
 - 75% of the rate at time of reaction for 5 minutes, then
 - 100% of the rate at time of reaction
- DO NOT resume infusion

- SPECIFIC PROTOCOL:** Refer to protocol by which the patient is being treated for infusion reaction guidelines
- Resume _____ (indicate drug name) at _____ (rate) as per patient's treatment protocol.
- Resume PACLitaxel infusion at 20 mL/h for 5 minutes, 30 mL/h for 5 minutes, 40 mL/h for 5 minutes, then 60 mL/h for 5 minutes. If no reaction, increase to full rate.
- Resume DOCEtaxel infusion at 30 mL/h x 5 minutes, then 60 mL/h x 5 minutes, then 120 mL/h x 5 minutes, then complete infusion at 250 mL/h (for 500 mL bag, continue 250 mL/h for 5 minutes, then complete infusion at 500 mL/h).
- Resume riTUXimab at _____ (one infusion rate below the rate at which the reaction occurred) and continue with escalation of infusion rates as per protocol.
- Resume daratumumab at _____ (half the infusion rate at which the reaction occurred) and continue with escalation of infusion rates as per protocol.
- DO NOT resume infusion
- Physician to provide specific orders for resuming infusion

DOCTOR'S SIGNATURE:	SIGNATURE:
	RN or UC: