

## Wayne Memorial Community Health Centers Clinical Guideline

**Title: Standing Orders for Management of Hypersensitivity Reaction to Monoclonal Antibodies**

**Reviewed/Approved By:** James Cruse, MD, Chief Medical Officer

**Effective Date/Approved Date:** 12/14/21

**Purpose:**

Administering any medication has the potential to cause an adverse reaction. When adverse reactions do occur, they can vary from minor (itching) to rare and serious (anaphylaxis).

The table below describe steps to take if an adverse reaction occurs during and post infusion or injection.

Reaction:	Signs and Symptoms:	Management:
<b>MILD</b>	Mild flushing or pruritus, fever less than 100.5 F, myalgia	<ul style="list-style-type: none"> <li>• Stop the infusion</li> <li>• Start and or maintain IV access</li> <li>• Contact the Chief Medical Officer or his designee (closest medical provider) for further orders</li> </ul>
<b>MODERATE</b>	Significant pruritus, urticarial rash, nausea/vomiting, myalgia, arthralgia, fever, hypotension/hypertension	<ul style="list-style-type: none"> <li>• Stop the infusion</li> <li>• Start and or maintain IV access</li> <li>• Contact the Chief Medical Officer or his designee (closest medical provider) for further orders</li> </ul>
<b>SEVERE</b>	Severe hypotension, bronchospasm, angioedema, wheezing, dyspnea	<ul style="list-style-type: none"> <li>• Stop the infusion</li> <li>• Start and or maintain IV access</li> <li>• Call 911</li> <li>• Contact the Chief Medical Officer or his designee (closest medical provider) for further orders</li> <li>• Administer epinephrine 0.3mg IM Stat</li> <li>• Administer diphenhydramine 25 mg IV push (IM if no IV access)</li> </ul>

(SEE NEXT PAGE FOR ADDITIONAL INSTRUCTIONS)

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### ADDITIONAL INSTRUCTIONS:

1. If symptoms are generalized, call 911 and notify the Chief Medical Officer or his designee (nearest provider). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
2. Drug dosing information: the first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.
  - a. First line treatment: Epinephrine is the first-line treatment for anaphylaxis, and there is not known equivalent substitute. Use **Epinephrine** in a 1.0mg/ml aqueous solution (1:1000 dilution). Administer a 0.3 mg dose IM using a premeasured or prefilled syringe or an auto-injector in the mid-outer thigh. If using another epinephrine formulation, the recommended dose is 0.01mg/kg, ranging for adults from 0.3 mg to a maximum does of 0.5 mg. Administer IM, preferably in the mid-outer thigh. Epinephrine dose may be repeated two (2) additional times every 5 – 15 minutes (or sooner if needed) while waiting for EMS to arrive.
  - b. Optional treatment: H1 antihistamines relieve itching and urticaria (hives). These medications do not relieve upper or lower airway obstruction, hypotension or shock. Give **diphenhydramine (Benadryl)** for relief of generalized itching and hives. Administer 25 mg of diphenhydramine (Benadryl) IV once (give IM if no IV access).
3. Monitor the patient until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (lying on back) unless he or she is having difficulty breathing. Of breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.
4. Record the patient's reaction (E.g. hives, anaphylaxis) to the infusion, all vital signs, medications administered to the patient, including the time, dosage, response and name of the medical personnel who administered the medications, and other relevant clinical information.

These standing orders for the immediate medical management of patients who experience a hypersensitivity reaction during or after monoclonal antibody infusion or injection will remain in effect for patients Wayne Memorial Community Health Centers until rescinded.

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James Cruse, MD / Chief Medical Officer

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12/14/2021