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| | Patient Name: |
| | MR# |

INSTRUCTIONS:

1. Order must be received by pharmacy by 1300 in order to begin the desensitization process the following morning.

PRIOR TO INITIATION OF DESENSITIZATION

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| Orders: |
| 2. Admit to Intensive Care Unit |
| 3. Verify that informed consent completed and signed appropriately, copy in chart |
| 4. Vital sign assessment, per routine |
| 5. IV Access: <input type="checkbox"/> Insert peripheral line <input type="checkbox"/> Access existing infusaport if not already accessed |
| 6. IV fluids: _____ |
| 7. Place the patient on the following equipment: Cardiac Monitor Noninvasive-BP Pulse Oximetry |
| 8. Verify that epinephrine 1 mg/mL (1:1000 ampule) injection is available |
| 9. Verify the diphenhydramine injection 50 mg is available |
| 10. Verify that resuscitation cart is available |
| 11. Laboratory: CBC W/DIFF, PLT COMP METABOLIC PANEL |

DESENSITIZATION PROCEDURE

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| Orders: |
| 12. Monitor the following every 10 minutes during the infusion of each dose and then every 1 hour for 6 hours post-desensitization: a. Vital signs and O2 saturation b. Breath sounds for bronchospasm, stridor c. c/o dyspnea, chest tightness, itching, nausea, abdominal pain, anxiety d. Adverse effects: hypotension, tachycardia, dysrhythmia, diarrhea, hives, facial edema, vomiting, sneezing, coughing, flushing. |
| 13. Notify Critical Care Fellow of any signs or symptoms of allergic reaction: a. Hypotension, tachycardia, chest tightness b. Respiratory distress, wheezing, stridor, less than 90% O2 saturation c. Nausea, vomiting, abdominal pain, diarrhea d. Itching, hives, facial edema |
| 14. For a mild reaction (patchy macular and/or papular rash, itching), administer diphenhydramine 50 mg IV every 2 hours prn (daily maximum of 400 mg) per MD request, continue the process as ordered. |
| 15. For a severe reaction, notify the Critical Care Fellow (pager: _____) or HO immediately, administer epinephrine 1 mg IM immediately followed by diphenhydramine 50 mg IV, and continue the process as ordered. Epinephrine 1 mg IM may be repeated every 3-5 minutes up to a maximum of 3 mg. Diphenhydramine 50 mg IV may be given every 2 hours prn up to a maximum of 400 mg. |

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_____ (INSERT SPECIFIC ANTIBIOTIC) IV DESENSITIZATION

NOTE: Physician to perform calculations for table.

| Dilution # | Concentration of stock solution (mg/mL) | Stock (mL) per 50 mL saline | Concentration of infused solution (mg/mL) | Volume infused | Amount of antibiotic administered (mg) |
|------------|---|-----------------------------|---|----------------|--|
| 1 | | 1 | | 51 | |
| 2 | | 1 | | 51 | |
| 3 | | 1 | | 51 | |
| 4 | | 1 | | 51 | |
| 5 | | 1 | | 51 | |
| 6 | | 1 | | 51 | |
| 7 | | 1 | | 51 | |
| 8 | | 1 | | 51 | |

DESENSITIZATION PROTOCOL (Pharmacy prepares the dilution)

Nursing Orders:

1. Start with dilution #1.
2. Infuse over 20 minutes.
3. Exact time each infusion is given must be documented electronically.
4. A delay of 10 minutes after the end of the infusion should be observed before introducing the next dose.
5. Continue infusing each subsequent dose until finished with all dilutions.
6. Monitor patient overnight in the ICU and release to the medical floor or home the following morning.

At the Completion of Desensitization: Check appropriate box as necessary.

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|-------------|---|-----------------------------|
| Date & Time | √ | Orders |
| | | Continue drug dosing: _____ |

Physician Signature: _____ Provider #: _____

GENERIC IV ANTIBIOTIC DESENSITIZATION ORDER FORM

White Copy-Medical Record

Yellow Copy – Pharmacy