Oral Sulfa Desensitization [30400005236]

For patients who have had a non-life threatening reaction to sulfa drugs and require therapy with a sulfonamide antibiotic.

Antimicrobial Stewardship Guidance

URL: https://www.nebraskamed.com/for-providers/asp/dosing-protocols/antimicrobial-desensitization

General

Admission (Single Response)

○ Admit to inpatient (bed request)	Details
○ Place in observation (bed request)	Details

Consent

☐ Prepare consent form	Routine, Once For 1 Occurrences

Nursing Assessments / Interventions

☐ Continuous telemetry	Routine, Continuous Telemetry indication? Drug monitoring Discontinue 60 minutes after last dose if patient does not have another indication for telemetry monitoring.
☑ Vital signs	Routine, Continuous, Vitals signs prior to each desensitization dose and every 30 minutes x 2 (for 60 minutes) after final dose. Include breathing sounds for bronchospasms and stridor.
☑ Continuous Pulse oximetry	Routine, Continuous, Pulse oximetry every 30 minutes during desensitization and one hour post desensitization.
☐ If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider	Routine, Continuous If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider
☑ Ensure patient took scheduled respiratory medications prior to procedure	Routine, Continuous Medication information included? Yes Ensure patient took scheduled respiratory medications prior to procedure
☑ Confirm patient has functioning IV line placed	Routine, Continuous Medication information included? No Confirm patient has functioning IV line placed
☑ Verify Resuscitation Cart available prior to administration of oral desensitization agent	Routine, Continuous Medication information included? No Verify Resuscitation Cart available prior to administration of oral desensitization agent.
☑ Notify physician if any signs or symptoms of allergic reaction: hypotension, tachycardia, chest tightness, respiratory distress, wheezing, stridor, nausea, vomiting, abdominal pain, diarrhea, itching, rash, hives, facial edema, sneezing, rhinorrhea, or watery eyes	Routine, Continuous Notify physician if any signs or symptoms of allergic reaction: hypotension, tachycardia, chest tightness, respiratory distress, wheezing, stridor, nausea, vomiting, abdominal pain, diarrhea, itching, rash, hives, facial edema, sneezing, rhinorrhea, or watery eyes

☑ For mild reaction (patchy macular and/or papular rash, hives or itching), administer diphenhydramine PO or IV as directed by prescriber.	Routine, Continuous For mild reaction (patchy macular and/or papular rash, hives or itching), administer diphenhydramine PO or IV as directed by prescriber.
☑ For severe reaction (hypotension, tachycardia, wheezing, chest tightness, respiratory distress, angioedema, and/or emesis and diarrhea), immediately administer Epinephrine IM and diphenhydramine IV then notify MD.	Routine, Continuous For severe reaction (hypotension, tachycardia, wheezing, chest tightness, respiratory distress, angioedema, and/or emesis and diarrhea), immediately administer Epinephrine IM and diphenhydramine IV then notify MD.
☑ Update allergy section within electronic medical record. If patient tolerated oral sulfa desensitization, document the agent and date tolerated within the comments section of the allergy. If patient failed oral sulfa desensitization, add antibiotic allergy and reaction.	Routine, Continuous Medication information included? Yes Update allergy section within electronic medical record. If patient tolerated oral sulfa desensitization, document the agent and date tolerated within the comments section of the allergy. If patient failed oral sulfa desensitization, add antibiotic allergy and reaction.

Medications

Antibiotic Desensitization (Single Response)

○ Oral trimethoprim/sulfamethoxazole RAPID desensitization protocol	**"Followed by" Linked Panel**
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 0.02-0.004 mg/1 ml oral dilution	0.004 mg of trimethoprim, Oral, Once, Starting H+30 Minutes, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 0.2-0.04 mg/1 mL oral dilution	0.04 mg of trimethoprim, Oral, Once, Starting H+60 Hours, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 2-0.4 mg/1 ml oral dilution	0.4 mg of trimethoprim, Oral, Once, Starting H+90 Minutes, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 20-4 mg/1 mL oral dilution	4 mg of trimethoprim, Oral, Once, Starting H+120 Minutes, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 200-40 mg/5 mL suspension	40 mg of trimethoprim, Oral, Once, Starting H+150 Minutes, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 400-80 mg per tablet	80 mg of trimethoprim, Oral, Once, Starting H+180 Minutes, For 1 Doses Suspected Pathogen:
☐ sulfamethoxazole-trimethoprim (BACTRIM,SEPTRA) 400-80 mg per tablet	80 mg of trimethoprim, Oral, Daily, Starting tomorrow Suspected Pathogen:

Medications for Allergic Reaction

☑ Mild Allergic Reaction	
☑ 0.9% NaCl continuous infusion	Intravenous, Continuous PRN, Allergic Reaction
☑ albuterol (PROVENTIL HFA;VENTOLIN HFA) inhaler	2 puff, Inhalation, Every 20 minutes PRN, Wheezing, Shortness of Breath Management:
☑ diphenhydrAMINE (SOMINEX) tablet	50 mg, Oral, Every 2 hours PRN, Mild allergic reaction Daily maximum of 400mg
☑ Severe Allergic Reaction	

☑ diphenhydrAMINE (BENADRYL) injection	50 mg, Intravenous, Every 2 hours PRN, Allergies, Mild or Severe allergic reaction Daily maximum of 400mg
☑ EPINEPHRINE INJECTABLE ALLERGY ORDERABLE	0.3 mg, Intramuscular, Every 10 minutes PRN, Severe allergic reaction, For 2 Doses Maximum number of doses: 2
☑ hydrocortisone sod succ (PF) (Solu-CORTEF) injection	100 mg, Intravenous, Once PRN, Severe allergic reaction, For 1 Doses Severe allergic reaction
☑ ranitidine (ZANTAC) IV	50 mg, Intravenous, Once PRN, Severe allergic reaction, For 1 Doses Please contact pharmacy for dose if needed.

Patient/Family Signature(Date & Time) _____