Troy Infusion Center

600 W Main Street Suite 120 Troy, OH 45373 Phone: 937-401-6620

Fax: 937-401-6629



Kettering Health Outpatient Infusion Reaction Protocol

Washington Township Infusion Center

Date: _____

1989 Miamisburg-Centerville Road Suite 101 Dayton, OH, 45459

Phone: 937-401-6620 Fax: 937-401-6629

tient Name:		DOB:	
d	lress:		
one:		ICD-10 Diagnosis:	
1	. Stop infusion and notify Physician/NP/PI	harmacist	
	. Run normal saline wide open		
	. Baseline vitals and then every 5 minutes		
	4. Apply oxygen as needed to maintain sat >90%		
	. If physician not readily available proceed		
	Symptom	Treatment	
	Rigors/chills/fever	Demerol 12.5 mg IV, may repeat in 30 minutes Acetaminophen 650 mg PO	
	Flushing/SOB/Hypotension/Urticaria	Famotidine 20 mg IV & Diphenhydramine 25-50 mg IV Hydrocortisone (Solu-cortef) 100 mg IV	
•	Stridor/Bronchospasm/Syncope/Severe Hypotension: (SBP drop > 20 points or DBP drop > 10 points) unrelieved by fluid resuscitation	Epinephrine 0.3 mg IM via autoinjector Epipen into anterolateral aspect middle third of thigh Call 911 and prepare to transfer to ED	
	Wheezing/SOB	Albuterol med-neb 2.5mg/mL (0.083%) if available	
•	For persistent symptoms not improving with treatment	Call 911 and prepare to transfer to ED	

Prescriber Full Address: _____

Prescriber Signature:

Office Phone Number: _____ Office Fax Number: _____