Infuse One

Adverse Reaction Management Protocol (Adult & Pediatric)

Watch for: fever, chills, rigors, itching, rash, cough, sneezing, throat irritation, nausea or vomiting.

1. Mild to moderate reaction

- Stop the infusion and keep IV access in place.
- Give PRN medications from the table below.
- Once symptoms resolve, restart at 50% of the previous rate and increase per the manufacturer's guidelines.

Symptom	Adult	Pediatric (weight-based)
Fever >100.4°F, pain, chills	Acetaminophen 650 mg PO **or** Ibuprofen 400 mg PO	Acetaminophen 15 mg/kg PO. Do not give with hepatic dysfunction. If it was given as a premed, may repeat in 4–6 h.
Hives, itching, rhinitis	Loratadine 10 mg PO **or** Diphenhydramine 25–50 mg PO/IV	Diphenhydramine 1 mg/kg PO (max 25 mg) **or** IV (max 50 mg). Either route may repeat every 4–6 h.
Nausea, vomiting, reflux	Ondansetron 4 mg ODT, may repeat ×1 in 20 min (max 8 mg), **or** Famotidine 20 mg PO. *If severe:* same doses as IV push.	Ondansetron ODT: <30 kg 4 mg, >30 kg up to 8 mg, every 6 h. IV only if the patient can't take PO: <30 kg 0.15 mg/kg, >30 kg 4 mg (max 4 mg), every 6 h.
Wheezing or bronchospasm	Albuterol 2 puffs, may repeat every 20 min (max 3 doses)	Albuterol 90 mcg, 1 puff every 4–6 h (age >4 only)
Chest pain or shortness of breath	O_2 2–15 L, keep SpO_2 >92%	—
Hypotension (90/60) or vasovagal	Recline the patient. NS 500 mL IV, repeat to keep BP >90/60 (max 1,000 mL).	—
Hypertension (>30 mmHg above baseline or SBP >180)	Clonidine 0.1 mg. Wait 45 min, then Amlodipine 5 mg if it persists.	—
Not responding to the above	Famotidine 20 mg IV; Methylprednisolone 125 mg IV	Famotidine 0.5 mg/kg IV (max 20 mg, do not repeat; consider if IV diphenhydramine was already given); Methylprednisolone 1 mg/kg IV (max 125 mg)

Pediatric IV pushes: *dilute in 10 mL NS. Push diphenhydramine over 5 min and all others over 2–5 min.*

2. Severe reaction or anaphylaxis

Treat as severe when there is angioedema, swelling of the mouth, tongue, lips or airway, trouble breathing, or bronchospasm (with or without a BP change), or when symptoms keep getting worse after PRN medications.

1. **Stop the infusion and call 911.** Start basic life support as needed and bring the AED to the patient.
2. **Epinephrine 1 mg/mL (1:1,000) IM, outer thigh, max 3 doses:**
   - Adult: 0.3 mg, repeat every 5–15 min
   - Pediatric: 15–30 kg 0.15 mg; ≥30 kg 0.3 mg; repeat every 20 min
3. Lay the patient flat with the legs raised. Give O_2 2–15 L to keep SpO_2 >92%.
4. **NS bolus:** Adult 500 mL, repeat to keep SBP >90. Pediatric 20 mL/kg.
5. **Adult only:** Albuterol 2 puffs every 20 min (up to 3 doses). If not already given, add Diphenhydramine 50 mg IV or Famotidine 20 mg IVP, plus Methylprednisolone 125 mg IVP. Monitor BP, SpO_2 and HR continuously.
6. **Pediatric:** Discontinue treatment.

3. Notify and document (all reactions)

- **Referring provider:** As clinically appropriate for any reaction, and follow the clinical escalation protocol. For a severe reaction, you must reach the provider or their delegate **by voice the same day**. A voicemail alone does not count. After hours or on weekends, follow up the next business day.
- **Patient alone:** Notify a family member or emergency contact the same day.
- **Leadership:** For a severe reaction, notify the DON/CMO.
- **Records:** Document every action and communication in the EHR.