



# GENERAL INFUSION THERAPY REFERRAL FORM

## FLEXCARE INFUSION CENTER'S ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

*\*This graph does not reflect non-medicinal interventions that are part of FlexCare's protocol, such as slowing or stopping the infusion and physician/911 notification.*

	MILD INFUSION REACTION	MODERATE INFUSION REACTION	SEVERE INFUSION REACTION/ANAPHYLAXIS
<b>SYMPTOM CLASSIFICATION</b>	<ul style="list-style-type: none"> <li>Flushing</li> <li>Dizziness</li> <li>Headache</li> <li>Apprehension</li> <li>Diaphoresis</li> <li>Palpitations</li> <li>Nausea / Vomiting</li> <li>Pruritis</li> </ul>	<ul style="list-style-type: none"> <li>Chest Tightness</li> <li>Shortness of Breath</li> <li>Hypo/hypertension (&gt;20 mmHg Change in Systolic BP from Baseline)</li> <li>Increased Temperature (&gt;2 Degrees Fahrenheit)</li> <li>Urticaria</li> </ul>	<ul style="list-style-type: none"> <li>Hypo/hypertension (&gt;40 mmHg Change in Systolic BP from Baseline).</li> <li>Increase Temperature (&gt;2 Degrees Fahrenheit) with Rigors</li> <li>Shortness of Breath with Wheezing</li> <li>Laryngeal Edema</li> <li>Chest Pain</li> <li>Hypoxemia</li> </ul>
<b>TREATMENT PROTOCOL FOR ADULTS &gt;66LBS</b>	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Apply oxygen via ambu bag or high flow nasal canula, if vomiting. <input checked="" type="checkbox"/> Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. <input checked="" type="checkbox"/> Administer diphenhydramine 50 mg IV or IM Inject epinephrine 0.3mg/0.3 mL IM into the mid- anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. <input checked="" type="checkbox"/> Administer 0.9%NaCl 1000mL bolus for an incomplete response to IM epinephrine. May repeat x1.
<b>TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66LBS</b>	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Apply oxygen via ambu bag or high flow nasal canula, if vomiting. <input checked="" type="checkbox"/> Administer 0.9% NaCl 500mL at 75mL/hr to maintain IV access. <input checked="" type="checkbox"/> Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25 mg/min <input checked="" type="checkbox"/> Inject epinephrine 0.15mg/0.15 mL IM into the mid- anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. <input checked="" type="checkbox"/> Administer 0.9% NaCl bolus 20mL/kg for an incomplete response to IM epinephrine. May repeat x1.

**FOR CHILDREN < 33 LBS FLEXCARE INFUSION UTILIZES THE REACTION ORDERS OBTAINED BY THE REFERRING PHYSICIAN.**

### FLUSHING PROTOCOLS

PATIENT CLASSIFICATION	LINE TYPE	FLUSHING PROTOCOL Normal Saline*			LOCKING PROTOCOL Heparin Sodium	
		PRE-ADMIN	POST ADMIN	POST LAB DRAW	10 Units/mL	100 Units/mL
<b>ADULT &gt;66 LBS</b>	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	10 mL	10 mL		5 mL
	Peripherally Inserted Central Catheters (PICC)	5 mL	10 mL	10 mL	5 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	10 mL	10 mL	5 mL	
<b>PEDIATRIC 33 LBS - 66LBS</b>	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	5 mL	10 mL	3 mL	
	Peripherally Inserted Central Catheter (PICC)	5 mL	5 mL	10 mL	3 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	5 mL	10 mL	3 mL	

**FOR CHILDREN <33 LBS, FLEXCARE INFUSION UTILIZES THE FLUSHING ORDERS OBTAINED BY THE REFERRING PHYSICIAN.**

*\*0.9% NS will be substituted with Dextrose 5% or alternative only when indicated due to medication incompatibility with NS.*