DERMATOLOGIC REACTIONS ONLY:
- Sudden and unexpected redness of skin (flushing), itching, hives or swelling

SYSTEMIC REACTIONS
- Respiratory Compromise: dyspnea, wheezing, stridor, hypoxemia, persistent cough
- Dizziness or Hypotension
- Involvement of mucosal tissue (swollen lips, tongue or uvula) or difficulty swallowing or talking
- Persistent GI Symptoms: crampy abdominal pain, vomiting, diarrhea

Hem/Onc patient presents with an allergic reaction

Is the reaction dermatologic only or systemic?

Dermatologic only

Administer Diphenhydramine IV

Do symptoms improve within 5 minutes?

Yes

Observe patient for 4-6 hours or admit for observation

No

Administer:
- Famotidine IV and/or
- Hydrocortisone IV

Is patient stable with improvement?

Yes

No

Have symptoms progressed to systemic reaction or is dermatologic reaction worsening?

Yes

Patient is stable but skin involvement has NOT improved; repeat administration IV every 4-6 hours PRN:
- Hydrocortisone IV
- Diphenhydramine IV

No

Do symptoms improve within 5 minutes?

Yes

Admit patient for observation (consider ICU)

No

If symptoms do not improve within 5 minutes:

- Repeat Epinephrine IM
- Give Famotidine IV: if not already given
- Respiratory symptoms or hypoxemia – give Albuterol
- Hypotension – give 0.9% NaCl bolus and place in recumbent position

Do symptoms improve within 5 to 15 minutes?

Yes

If symptoms do not improve:

- Call CODE x111 or Rapid Response x54369
- Repeat Epinephrine IM
  - Admit to ICU

Allergic Reaction Dosing:
- Diphenhydramine (1mg/kg/dose, max 50mg) every 4-6 hours PRN
- Famotidine (0.5mg-1mg/kg/dose, max 20mg) *Not floor stock – get from pharmacy
- Epinephrine: EpiPen Auto-Injector if ≥ 30kg or EpiPen Junior Auto-Injector if <30kg
- Hydrocortisone (1mg/kg/dose, max 250mg)
- Albuterol (2.5mg/3ml (0.083%) 3ml Nebulized or 2 puffs via MDI
- Oxygen 100% via non-rebreather face mask
- NaCl bolus 20mg/kg

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Reviewed / Revised: 12.16.19