

Nursing

Nursing

<input checked="" type="checkbox"/> Oxygen therapy	Routine, As needed Device: Nasal Cannula Rate in liters per minute: Device: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Protocols: Oxygen Therapy Protocol
<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Starting S At the start of infusion
<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 30 min, Starting S For 999 Occurrences Post-Infusion order: At the end of infusion, obtain vital signs every 30 minutes x 2
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, Starting S
<input checked="" type="checkbox"/> Discontinue IV	Routine, Once, Starting S Post-infusion order: Prior to sending patient home
<input checked="" type="checkbox"/> Post-infusion - Monitor patient for 1-hour post-infusion for signs of INFUSION REACTIONS	Routine, Until discontinued, Starting S Post-infusion order
<input type="checkbox"/> Access Portacath	Routine, Once, Starting S

Hypersensitivity Infusion Reaction Standing Nursing Orders

<input checked="" type="checkbox"/> Grade 1 – MILD infusion reaction symptoms MILD Cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose	
<input checked="" type="checkbox"/> For Grade 1 MILD Symptoms	Routine, Until discontinued, Starting S Grade 1 - MILD infusion reaction symptoms (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose) <ol style="list-style-type: none"> 1. Stop the infusion 2. Place the patient on continuous monitoring 3. Obtain vital signs 4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing 5. If symptoms do not resolve within 5- 10 minutes, administer Diphenhydramine 25 mg intravenously once 6. Notify the treating physician 7. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe) 8. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. 9. If improvement of symptoms, may restart the infusion and slow infusion rate by 50%.
<input checked="" type="checkbox"/> Grade 2 – MODERATE infusion reaction symptoms MODERATE Cardiovascular, respiratory, or gastrointestinal symptoms - shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain	

[X] For Grade 2 MODERATE Symptoms	<p>Routine, Until discontinued, Starting S</p> <p>Grade 2 - MODERATE infusion reaction symptoms (cardiovascular, respiratory, or gastrointestinal symptoms - shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)</p> <ol style="list-style-type: none"> 1. Stop the infusion 2. Notify the CERT team and treating physician immediately 3. Place the patient on continuous monitoring 4. Obtain vital signs 5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92% 6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing 7. Administer Hydrocortisone 100 mg intravenous once (if patient has allergy to Hydrocortisone, administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg IV once 8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe) 9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician
-----------------------------------	--

[X] Grade 3 – SEVERE infusion reaction symptoms	
SEVERE Hypoxia, hypotension, or neurologic compromise - cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence	

[X] For Grade 3 SEVERE Symptoms	<p>Routine, Until discontinued, Starting S</p> <p>Grade 3 - SEVERE infusion reaction symptoms (hypoxia, hypotension, or neurologic compromise - cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)</p> <ol style="list-style-type: none"> 1. Stop the infusion 2. Notify the CERT team and treating physician immediately 3. Place the patient on continuous monitoring 4. Obtain vital signs 5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position 6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92% 7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing 8. Administer Hydrocortisone 100 mg intravenous once (if patient has allergy to Hydrocortisone, administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once 9. If MD/ CERT team approves, administer Epinephrine (1:1000) 0.3 mg intramuscular once 10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician
---------------------------------	--

Medications

bebtelovimab intravenous injection

[X] bebtelovimab intravenous injection	175 mg, intravenous, once
--	---------------------------

Line Care

[X] sodium chloride 0.9% flush	10 mL, intravenous, PRN, line care
[X] HEParin, porcine (PF) injection	500 Units, intra-catheter, once PRN, line care Flush port-ac-ath before removing needle from port-a-cath
[X] sodium chloride 0.9 % infusion	250 mL, intravenous, at 30 mL/hr, PRN, flush bag

Hypersensitivity Infusion Reaction Orders

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, mild pain (score 1-3), headaches, fever
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once PRN, for MILD infusion reaction If symptoms do NOT resolve within 5-10 minutes, administer diphenhydramine 25 mg intravenously once for MILD infusion reaction.
<input checked="" type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection	100 mg, intravenous, once PRN, for MODERATE to SEVERE infusion reaction If Patient has allergy to hydrocortisone (SOLU-CORTEF), administer dexamethasone (DECADRON) 4 mg IV Once for MODERATE to SEVERE infusion reaction.
<input type="checkbox"/> dexamethasone (DECADRON) IV - for Patients Allergic to hydrocortisone	4 mg, intravenous, once PRN, for MODERATE to SEVERE infusion reaction Administer dexamethasone If patient is allergic to hydrocortisone for MODERATE to SEVERE infusion reaction.
<input checked="" type="checkbox"/> epINEPHrine (ADRENALIN) injection	0.3 mg, intramuscular, once PRN, anaphylaxis
<input checked="" type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, once PRN, for MODERATE to SEVERE infusion reaction for MODERATE to SEVERE infusion reaction Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input checked="" type="checkbox"/> fexofenadine (ALLEGRA) tablet	180 mg, oral, once PRN, allergies, for MODERATE infusion reaction for MODERATE infusion reaction
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, once PRN, nausea, vomiting
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	25 mg, oral, once PRN, nausea, vomiting
<input checked="" type="checkbox"/> sodium chloride 0.9 % infusion	50 mL/hr, intravenous, once PRN, for MILD infusion reaction for MILD infusion reaction
<input checked="" type="checkbox"/> sodium chloride 0.9 % infusion	150 mL/hr, intravenous, once PRN, for MODERATE infusion reaction for MODERATE infusion reaction
<input checked="" type="checkbox"/> sodium chloride 0.9 % bolus	1,000 mL, intravenous, for 60 Minutes, once PRN, for SEVERE infusion reaction for SEVERE infusion reaction