Patient with Suspected Infusion Reaction

Mild Reaction: flushing, rash, low back pain, fever, chills, rigors, fall of <30mmHg SBP

1. STOP infusion
2. Maintain vascular access with NSS
3. Stay with patient, call for help, call MD
4. Monitor airway, breathing, circulation
5. Monitor VS every 2-5 minutes until stable
6. Give additional histamine blocker
7. Consider corticosteroid or Demerol as well

Response

No response within short time or symptoms worsen. Start at step #5

1. Continue to monitor
2. Restart infusion at 50% of prior rate and based on MD order
3. Document

Patient Improves

Yes

1. STOP infusion
2. Maintain vascular access with NSS
3. Stay with patient, call for help, call MD
4. Monitor airway, breathing, circulation
5. Monitor VS every 2-5 minutes until stable
6. Give additional histamine blocker
7. Consider epinephrine, albuterol, or corticosteroid as well as other emergency medications
8. Provide emotional support

Severe Reaction: bronchospasm, respiratory distress, chest tightness, throat tightness, fall of >30mmHg SBP

1. STOP infusion
2. Maintain vascular access with NSS
3. Stay with patient, call for help, call MD
4. Monitor airway, breathing, circulation
5. Place pt. supine and elevate legs if SBP <60mmHg
6. Monitor VS every 2-5 minutes until stable
7. Give additional histamine blocker
8. Consider epinephrine, albuterol, or corticosteroid as well as other emergency medications
9. Provide emotional support

Patient improves

Yes

Anticipate need for CPR. Activate emergency response teams

Reference: Oncology Nursing Society, ONS Chemotherapy/Biotherapy Guidelines