

Memorial Health Care System

2525 deSales Avenue Chattanooga, TN 37404
2051 Hamill Road Hixson, TN 37343

(Order Set: 2322)

Revised: (2/11/2015)

WEIGHT:
HEIGHT:

Page 1 of 2

DATE/TIME ORDERED

ASPIRIN DESENSITIZATION PROTOCOL

Indication:

Aspirin related urticaria and/or angioedema

Contraindications:

Desensitization should NOT be attempted in patients with histories of any of the below reactions:

- Stevens-Johnson Syndrome
- Toxic Epidermal Necrolysis
- Erythema Multiforme & diffuse erythroderma with desquamation

Prior to Desensitization

1. Obtain informed consent for aspirin desensitization
2. One on one RN staffing must be provided for at least 4 hours on the day the desensitization is schedule to be completed.
Transfer patient to:
 - ICU
 - SSU
3. Any beta-blockers should be held at least 12 hours prior to the start of the procedure if possible. If the patient is on a beta-blocker the physician should be contacted to determine if stopping this medication is clinically possible.
4. Establish a peripheral IV line and Normal Saline at KVO
5. Obtain baseline vital signs
6. Obtain baseline rhythm strip and continue telemetry monitoring
7. During desensitization, monitor vital signs before each dose and observe the patient for any signs of allergic reaction following each dose.
8. Give Diphenhydramine (Benadryl) 25 mg PO x 1 dose at least 2 hours prior to desensitization.

Anaphylaxis Protocol

Initiate the Allergic Reaction/Anaphylaxis Orders (PSO#2039) and have the following medications available prior to beginning the desensitization:

- Epinephrine 1:1000 (1 mg/ml) injection x 3 vials
- Diphenhydramine (Benadryl) 50 mg/1 ml injection x 1 vial
- Hydrocortisone (Solu-Cortef) 100 mg x 1 vial

Medication Therapy for Signs/Symptoms of Allergic Reaction

■ Itching or mild rash

- ▶ DO NOT stop desensitization
- ▶ Administer diphenhydramine 50 mg IV/IM/PO and call MD

■ Signs of anaphylactic reaction

(significant change in vital signs, angioedema/swelling, increasing dyspnea, severe progressing and generalized itching, edema of upper airways or other severe reaction)

- ▶ STOP desensitization, call Rapid Response Team and MD
- ▶ Administer Epinephrine 0.5 mg IM x 1 dose IM (thigh preferred), Hydrocortisone 100 mg IV x 1 dose, and diphenhydramine 50 mg IV x 1 dose. May repeat Epinephrine every 5-10 minutes, up to 3 total doses.
- ▶ If no response following the first dose of Epinephrine OR if symptoms worsen, call Code Blue and proceed with the repeat Epinephrine doses.

Memorial Health Care System

2525 deSales Avenue Chattanooga, TN 37404
2051 Hamill Road Hixson, TN 37343

(Order Set: 2322)

Revised: (2/11/2015)

WEIGHT:
HEIGHT:

Page 2 of 2

DATE/TIME ORDERED

ASPIRIN DESENSITIZATION PROTOCOL

Desensitization Dosing Protocol

Pharmacy to prepare a 1 mg/ml solution using sterile water. Each dose to be dispensed, labeled accordingly (Dose #1, Dose #2, etc.) and delivered to the nursing unit for administration within 45 minutes of solution preparation.

1. Administer each of the below doses and monitor patient for any signs/symptoms of allergic reaction and utilize the above instructions if signs/symptoms do occur.
2. The dosing schedule must be STRICTLY followed and each dose given exactly 20 minutes apart.
3. Desensitization Dosing Schedule:
Aspirin 1 mg/ml solution

Dose #1	0 minutes	Administer 0.1 ml (0.1 mg) of aspirin solution PO
Dose #2	20 minutes	Administer 0.3 ml (0.3 mg) of aspirin solution PO
Dose #3	40 minutes	Administer 1 ml (1 mg) of aspirin solution PO
Dose #4	60 minutes	Administer 3 ml (3 mg) of aspirin solution PO
Dose #5	80 minutes	Administer 10 ml (10 mg) of aspirin solution PO
Dose #6	100 minutes	Administer 30 ml (30 mg) of aspirin solution PO
Dose #7	120 minutes	Administer 1/2 of an 81 mg aspirin tablet (40.5 mg) PO
Dose #8	140 minutes	Administer one 81 mg aspirin tablet PO
Dose #9	160 minutes	Administer two 81 mg aspirin tablets (162 mg) PO
Dose #10	180 minutes	Administer one 325 mg aspirin tablet PO
4. Continue to monitor vital signs every 15 minutes x 3 after completion of desensitization
5. If no complications, notify MD and obtain orders for daily Aspirin dose
6. If aspirin is stopped/held for > 24 hours, repeat desensitization may be required

Physician Signature: _____ Date: _____ Time: _____

ATCHLEY, ALLEN E., MD	BERGLUND, ROBERT K., MD	BRUCE, GREGORY KEITH, MD
CARKNER, LISA GAIL	CONN, ERIC H, MD	FOWLER, ANDREW H, MD
GRAHAM, GORDON D, MD	HOBACK JR., JAMES W., MD	KRIVITSKY, ERIC LAWRENCE
LEDFORD, C. SAMUEL, MD	LISY, ONDREJ JOSEPH, MD	MADAN, VINAY DEEP
MONROE JR., VAN STEPHEN, MD	NEGUS, BRIAN H., MD	OELLERICH, WILLIAM F., MD
SHANDER, GREGG S., MD	THEL, MARK C., MD	WARREN, WILLIAM P., MD
WENDT, DAVID JOHN, MD		