+ CATHOLIC HEALTH

## Memorial Health Care System

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

(Order Set: 2322)

Revised: (2/11/2015)

WEIGHT:

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# 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 <u>prior</u> to beginning the desensitization: Epinephrime 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.

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## 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

Administer 0.1 ml (0.1 mg) of aspirin solution PO Administer 0.3 ml (0.3 mg) of aspirin solution PO Dose #1 0 minutes Dose #2 20 minutes Dose #3 40 minutes Dose #4 60 minutes

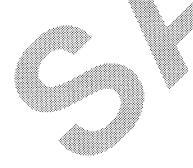
Administer 1 ml (1 mg) of aspirin solution PO
Administer 3 ml (3 mg) of aspirin solution PO
Administer 10 ml (10 mg) of aspirin solution PO
Administer 30 ml (30 mg) of aspirin solution PO
Administer 30 ml (30 mg) of aspirin solution PO
Administer 1/2 of an 81 mg aspirin tablet Dose #5 80 minutes Dose #6 100 minutes Dose #7 120 minutes (40.5 mg) PO

140 minutes Dose #8 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:

ATCHLEY, ALLEN E., MD CARKNER, LISA GAIL GRAHAM, GORDON D, MD LEDFORD, C. SAMUEL, MD MONROE JR., VAN STEPHEN, MD SHANDER, GREGG S., MD WENDT, DAVID JOHN, MD

BERGLUND, ROBERT K., MD CONN, ERIC H, MD HOBACK JR., JAMES W., MD LISY, ONDREJ JOSEPH, MD NEGUS, BRIAN H., MD THEL, MARK C., MD

Date: Time: BRUCE, GREGORY KEITH, MD FOWLER, ANDREW H, MD KRIVITSKY, ERIC LAWRENCE MADAN, VINAY DEEP OELLERICH, WILLIAM F., MD

WARREN, WILLIAM P., MD