

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS ANAPHYLAXIS PRECAUTION</b>	<b>CHECK OFF/ INITIALS</b>
1. Observe for signs and symptoms of a reaction using the following grading scale:	
<b>Grade 1:</b> Localized reaction with hives less than 6 cm, <i>or</i> facial flushing	
<b>Grade 2:</b> Generalized reaction with multiple hives each less than 6 cm, <i>or</i> numbness, <i>or</i> generalized itching	
<b>Grade 3:</b> Severe bronchospasm, difficulty breathing, chest tightness, cough, chills, vomiting, tachycardia, agitation, serum sickness	
<b>Grade 4:</b> Anaphylaxis, severe hypotension, shock, <i>or</i> any of the above symptoms plus hypotension and shock (cardiovascular collapse)	
2. <b>If the patient develops any of the above symptoms:</b>	
a. Stop the drug infusion or injection	
b. Maintain Intravenous access with 0.9% Sodium Chloride at 200mL/hour	
c. If respiratory distress occurs, administer oxygen and pulse oximetry and notify Respiratory Therapy to come to the department	
Epinephrine 1:10,000 Syringe, give 3mL Intravenous push for severe reactions with laryngeal stridor, major bronchospasm, or hypotension	
▪ If the patient does not improve within one minute, call a Code Blue	
Epinephrine 1:10,000, Syringe, give 3mL Intravenous, may be repeated every 10 minutes for a maximum of 2 additional doses or until the episode resolves, whichever occurs first	
d. Administer Diphenhydramine (Benadryl®) 50mg Intravenous push	
e. Administer Hydrocortisone (Solu-Cortef®) 100mg Intravenous push	
f. Notify the physician of the reaction	
g. For bronchospasm, have Respiratory Therapy administer Albuterol (Ventolin®) aerosol treatment	
3. Obtain vital signs every 2-5 minutes until patient is stable	
4. Further orders as per physician	

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart