# Page 1 of 4 MDAnderson Adult Hypersensitivity (HSR)/Allergic Reaction Management

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Cancer Center Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure. and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

Any signs or symptoms of hypersensitivity reaction (HSR)/allergic reaction, notify Responding Provider<sup>1</sup> and activate the appropriate emergency response process for your area.



Department of Clinical Effectiveness V8 Approved by the Executive Committee of the Medical Staff on 08/20/2024

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#### PRESENTING **SYMPTOMS** Patient with HSR to medication • Stay with patient to monitor symptoms, check SpO<sub>2</sub> continuously, and obtain vital signs every 5 minutes Evaluation and • Start O<sub>2</sub> at 2 L/minute by nasal cannula if saturation $\leq 92\%$ Hypotension<sup>2</sup>, disposition by the • Normal saline 150 mL/hour IV Responding wheezing, shortness • STOP infusion and Provider<sup>1</sup> and/or of breath, and/or • Give: • Additional orders per $\circ$ Epinephrine (1 mg/mL) 0.5 mg IM<sup>3</sup>, followed by monitor vital signs facial/lip/tongue emergency response Responding Provider<sup>1</sup> • Diphenhydramine 50 mg IV push over 2 minutes (if not administered every 5 minutes swelling team; re-evaluate and/or emergency • Notify Responding within last 30 minutes), followed by need for IV fluids response team Provider<sup>1</sup> and activate • Hydrocortisone<sup>4</sup> 100 mg IV push over 1 minute • Complete the appropriate documentation<sup>5</sup> Other signs or emergency response Notify Responding Provider<sup>1</sup> and/or emergency response team for instructions symptoms of HSR/ process allergic reaction

<sup>1</sup>Appropriate providers may include: Primary attending physician, ordering provider, covering attending physician or advanced practice provider, nocturnal provider, etc.

<sup>2</sup>Hypotension defined as a systolic blood pressure (SBP) < 90 mmHg or a drop in SBP of more than 20 mmHg from baseline

<sup>3</sup>Administer epinephrine IM into the antero-lateral mid-third portion of the thigh is preferred. The deltoid can be considered as an administration site if unable to administer in the thigh during an emergency.

Administration via IM route is preferred regardless of platelet count.

<sup>4</sup>Some chemotherapy/biotherapy agents have a need to avoid corticosteroids. Corticosteroids should still be given in cases of severe allergic reactions.

<sup>5</sup>Documentation:

• Use HSR/Allergy orders to document management utilized for an individual patient

• Document event as an Observed Adverse Drug Reaction (ADR)

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# **DEVELOPMENT CREDITS**

This practice consensus algorithm is based on majority expert opinion of the Adult Hypersensitivity Reaction workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following experts:

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