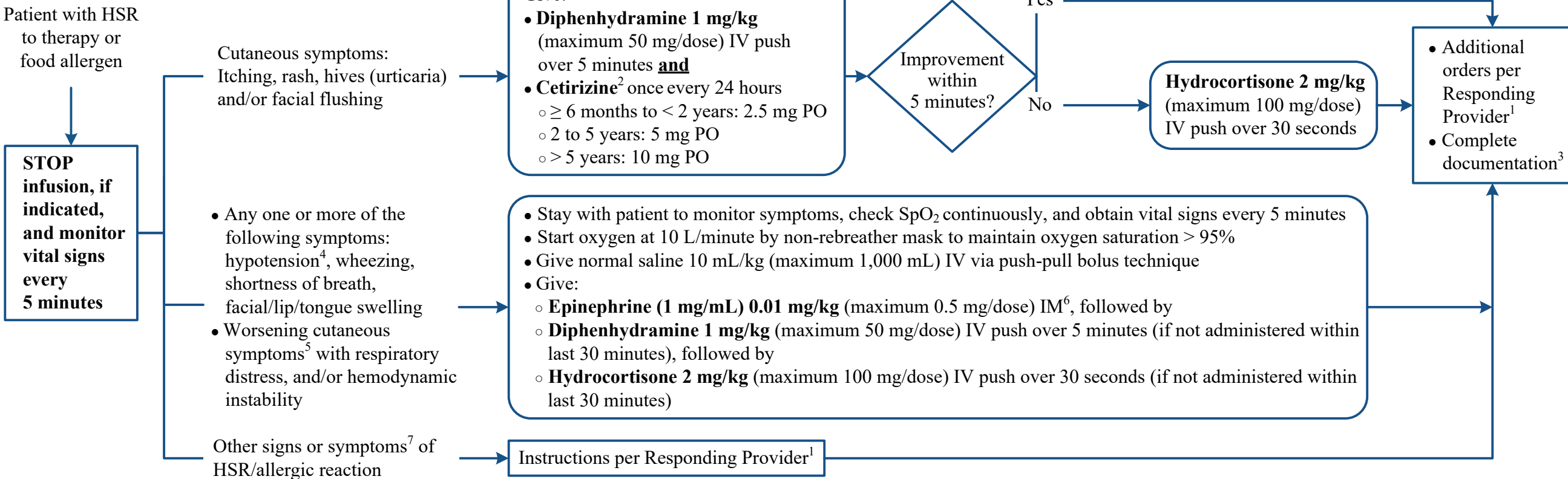


Pediatric Hypersensitivity (HSR)/Allergic Reaction Management Procedures

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 Provider¹ and activate the appropriate emergency response process for your area.**

PRESENTING SYMPTOMS



¹ Appropriate providers may include: Primary attending physician, ordering provider, covering attending, physician or advanced practice provider, nocturnal provider, *etc.*

- PICU – PICU Attending/APP
- PATC/Clinic – PATC APP/Doc of Day
- G9 – Resident/Fellow/Provider on service

² Do not give if patient has received an H1 antagonist within the past 24 hours

³ Documentation:

- Use HSR/Allergy orders to document management utilized for an individual patient
- Document event as an Observed Adverse Drug Reaction (ADR)

⁴ Hypotension defined as:

- Age 0 - 28 days: SBP < 60 mmHg
- Age 1 - 12 months: SBP < 70 mmHg
- Age 1 - 10 years: SBP < [70 + (2 x age in years)] mmHg
- Age > 10 years: SBP < 90 mmHg

⁵ If no improvement seen with initial treatment with diphenhydramine, cetirizine, and hydrocortisone

⁶ Administer epinephrine IM into the antero-lateral mid-third portion of the thigh. Administration via IM route is preferred regardless of platelet count.

⁷ Other signs and symptoms of HSR reaction may include fever (defined as temperature ≥ 38.0°C), chills, and/or rigors, abdominal pain, nausea, vomiting, and diarrhea

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Pediatric Hypersensitivity Reaction workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Core Development Team Leads

Jose Cortes, MD (Pediatrics)
Amber Gibson, DO (Pediatrics)

Workgroup Members

Olga N. Fleckenstein, BS♦
Douglas Harrison, MD (Pediatrics)
Cynthia Herzog, MD (Pediatrics)
Thoa Kazantsev, MSN, RN, OCN♦
Maria Estela Mireles, PharmD (Pharmacy Clinical Programs)
Jessica Morrow, BS, RN (Pediatrics)
Meghan Marie-Gomez Morrow, BSN, RN, CPHON (Pediatrics Acute Care Cancer Center)
Amy Pai, PharmD♦
Demetrios Petropoulos, MD (Pediatrics)
Jaison Philip, BSN (Pediatrics Intensive)
Jennifer Rea, BSN, RN, CPHON (Pediatrics)
Carmen Sittig, BSN, RN (Pediatrics)
Carra Zayas, MSN, RN, CPN (Pediatrics)

♦ Clinical Effectiveness Development Team