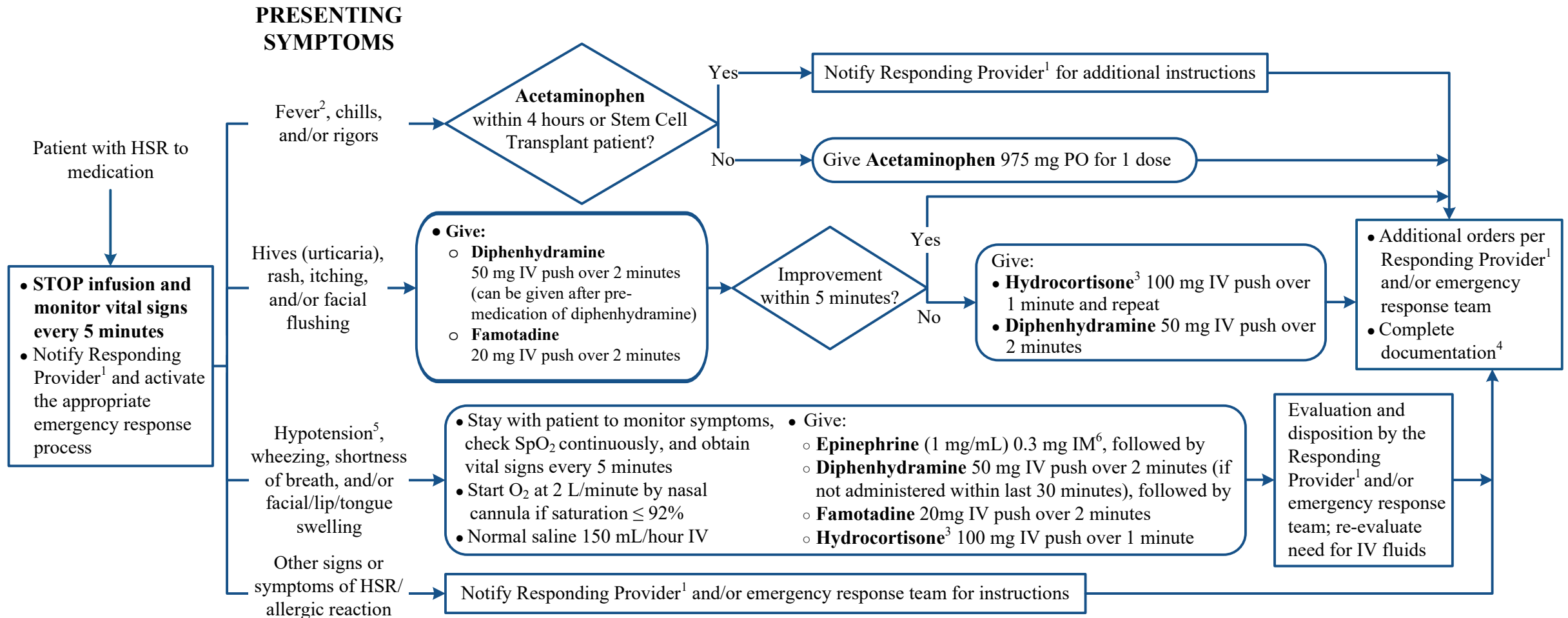


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.**



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

² Fever is defined as a temperature of > 38.3°C **or** ≥ 38°C for 1 hour or longer

³ Some chemotherapy/biotherapy agents have a need to avoid corticosteroids. Corticosteroids should still be given in cases of severe allergic reactions.

⁴ Documentation:

- Use Infusion Center HSR orders to document management utilized for an individual patient
- Document event as an Observed Adverse Drug Reaction (ADR) via QStatim

⁵ Hypotension defined as a systolic blood pressure (SBP) < 90 mmHg or a drop in SBP of more than 20 mmHg from baseline ⁶

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.

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.

SUGGESTED READINGS

- Berg, K.M., Cheng, A., Panchal, A.R., Topjian, A.A., Aziz, K., Bhanji, F., ... Lavonas, E.J. (2020). Part 7: Systems of care: 2020 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*, *142*(16_suppl_2), 5580-5604. doi:10.1161/CIR.0000000000000899
- Finney, A. & Rushton, F.A. (2007). Recognition and management of patients with anaphylaxis. *Nursing Standards*, *21*(37), 50-57. doi:10.7748/ns2007.05.21.37.50.c4560
- Gomes E. R. & Demoly P. (2005). Epidemiology of hypersensitivity drug reactions. *Current Opinion in Allergy and Clinical Immunology*, *5*(4), 309-316. doi: 10.1097/01.all.0000173785.81024.33
- Lenz, H. J. (2007). Management and preparedness for infusion and hypersensitivity reactions. *The Oncologist*, *12*(5), 601-609. doi:10.1634/theoncologist.12-5-601
- Shaker, M.S., Wallace, D.V., Golden, D.B.K., Oppenheimer, J., Bernstein, J.A., Campbell, R.L., ... Wang, J. (2020). Anaphylaxis — a 2020 practice parameter update, systemic review, and grading of recommendations, assessment, development and evaluation (GRADE) analysis. *The Journal of Allergy and Clinical Immunology*, *145*(4), 1082-1123. doi:10.1016/j.jaci.2020.01.017
- Zanotti K. M. & Markman, M. (2001). Prevention and management of antineoplastic-induced hypersensitivity reactions. *Drug Safety*, *24*, 767-779. doi:10.2165/00002018-200124100-00005

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.

DEVELOPMENT CREDITS

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

Core Development Team Leads

Huifang "Linda" Lu, MD, PhD (Rheumatology)
Laura Michaud, PharmD (Pharmacy)

Workgroup Members

Ariel Callanta, RN (ATC)
Tennille Campbell, BSN, RN (ATC – Woodlands)
Kristin Doyle, MSN, RN (RCC Administration)
Carmen Escalante, MD (General Internal Medicine)
Olga N. Fleckenstein, BS♦
Thoa Kazantsev, MSN, RN, OCN♦
Cori Kopecky, MSN, RN (RCC – Sugarland)
Ellen Manzullo, MD (General Internal Medicine)
Lilli Ann Mauricio, RN (RCC – Woodlands)

Amy Pai, PharmD♦
Rina Patel, PharmD (Pharmacy Clinical Programs)
Goley Richardson, MSN, RN, OCN (Nursing Administration)
Leonard Roes, PharmD (Pharmacy Inpatient)
Natalie Sanchez, MSN, RN (ATC – West Houston)
Cicely Scarlett, BS, RN (ATC – League City)
Shirlene Tabao, MSN, RN (ATC – West Houston)
Praise Thomas, MSN, RN (ATC – League City)
Juliana Toro, BSN, RN (ATC)

♦ Clinical Effectiveness Development Team