General

Grade 1 – MILD Symptoms

Cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose

| [X] Stop infusion | Routine, Until discontinued, Starting S For Grade 1 - MILD Symptoms |
|--|---|
| | (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose): |
| | Stop infusion |
| [X] Place patient on continuous monitoring | Routine, Until discontinued, Starting S |
| | For Grade 1 – MILD Symptoms |
| | (cutaneous and subcutaneous symptoms only – itching, |
| | flushing, periorbital edema, rash, or runny nose): |
| | Place patient on continuous monitoring |
| [X] Vital signs - T/P/R/BP | Routine, Once For 1 Occurrences |
| | For Grade 1 – MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, |
| | flushing, periorbital edema, rash, or runny nose) |
| [X] sodium chloride 0.9 % infusion - For Grade 1 Mild | 50 mL/hr, intravenous, continuous |
| Symptoms | For Grade 1 Mild Symptoms - |
| | Administer normal saline at 50 mL/hr using a new bag and new intravenous tubing. |
| [X] diphenhydrAMINE (BENADRYL) injection - For Grade 1 | 25 mg, intravenous, once PRN, For Grade 1 Mild Symptoms |
| Mild Symptoms | If GREATER than or EQUAL to 30 minutes since the last dose |
| | of diphenhydramine (BENADRYL), administer diphenhydramine 25 mg once for Grade 1 Mild Symptoms. |
| [X] fexofenadine (ALLEGRA) tablet - For Grade 1 Mild | 180 mg, oral, once PRN, allergies, For Grade 1 Mild |
| Symptoms | Symptoms |
| | If LESS than 30 minutes since the last dose of |
| | diphenhydramine (BENADRYL), administer fexofenadine |
| | (ALLEGRA) 180 mg orally and famotidine (PEPCID) 20 mg IV once. |
| | For Grade 1 Mild Symptoms |
| [X] famotidine (PEPCID) injection - For Grade 1 Mild | 20 mg, intravenous, once PRN, For Grade 1 Mild Symptoms |
| Symptoms | If LESS than 30 minutes since the last dose of |
| | diphenhydramine (BENADRYL), administer fexofenadine (ALLEGRA) 180 mg orally and famotidine (PEPCID) 20 mg IV |
| | Once. |
| | For Grade 1 Mild Symptoms |
| [X] Notify Physician (Specify) | Routine, Once For 1 Occurrences, For Grade 1 – MILD |
| | Symptoms (cutaneous and subcutaneous symptoms only – itching, |
| | flushing, periorbital edema, rash, or runny nose) |
| [X] If no improvement after 15 minutes, advance level of | Routine, Once For 1 Occurrences |
| care to Grade 2 (Moderate) or Grade 3 (Severe) | For Grade 1 - MILD Symptoms |
| | (cutaneous and subcutaneous symptoms only - itching, flushing, periorbital edema, rash, or runny nose) |
| | If no improvement after 15 minutes, advance level of care to |
| | Grade 2 (Moderate) or Grade 3 |
| | (Severe). |
| | |

| [X] Vital signs - T/P/R/BP | Routine, Every 15 min For Grade 1 – MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose) |
|---|--|
| | Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. |
| Grade 2 – MODERATE Symptoms Cardiovascular, respiratory, or gastrointestinal symptom diaphoresis, throat or chest tightness, abdominal or bac | ns – shortness of breath, wheezing, nausea, vomiting, dizziness, ck pain |
| [X] Stop the infusion | Routine, Once For 1 Occurrences For Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain): |
| | Stop the infusion |
| [X] Notify the CERT team and treating physician immediately. | Routine, Once For 1 Occurrences For Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain): |
| | Notify the CERT team and treating physician immediately |
| [X] Place the patient on continuous monitoring | Routine, Until discontinued, Starting S For Grade 2 – MODERATE Symptoms |
| | (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain): |
| | Place the patient on continuous monitoring |
| [X] Vital signs - T/P/R/BP | Routine, Once For 1 Occurrences For Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, |
| [X] Oxygen therapy | diaphoresis, throat or chest tightness, abdominal or back pair Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) |
| | if (answer = Non-rebreather mask) Rate in liters per minute: Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = T-piece) Or (answer = Aerosol Mask) Or |
| | (answer = Face Tent) Or (answer = Trach Collar) O2 %: if (answer = Other (Specify)) |
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Specify O2 %: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Venturi Mask) FiO2: if (answer = Other (Specify)) Specify O2 %: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Other (Specify)) Specify: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = High Flow Nasal Cannula (HFNC)) Rate in liters per minute: if (answer = Heated High Flow Nasal Cannula (Heated HFNC)) Rate in liters per minute: if (answer = Other (Specify)) Specify Flowrate (Lpm): 02 %: if (answer = Other (Specify)) Specify O2 %: Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: if (answer = Other (Specify)) Specify O2 %: Device 2: if (answer = Nasal Cannula) Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: if (answer = Other (Specify)) Specify O2 %: if (answer = Simple Face Mask) Rate in liters per minute: Rate in tenths of a liter per minute: 02 %: if (answer = Other (Specify)) Specify O2 %: if (answer = High Flow Nasal Cannula (HFNC)) Rate in liters per minute: Rate in liters per minute: if (answer = Other (Specify)) Specify lpm: 02 %: if (answer = Other (Specify)) Specify O2 %: 02 %: if (answer = Other (Specify)) Specify O2 %: if (answer = Non-rebreather mask) Rate in liters per minute: if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar) O2 %: if (answer = Other (Specify)) Specify O2 %: if (answer = Venturi Mask) FiO2:

| | if (answer = Other (Specify)) |
|---|--|
| | Specify O2 %: |
| | if (answer = Other (Specify)) |
| | Specify: |
| | Device 3: |
| | if (answer = Nasal Cannula) |
| | Rate in liters per minute: |
| | Rate in tenths of a liter per minute: |
| | O2%: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | if (answer = Simple Face Mask) |
| | Rate in liters per minute: |
| | Rate in tenths of a liter per minute: O2 %: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | if (answer = High Flow Nasal Cannula (HFNC)) |
| | Rate in liters per minute: |
| | Rate in liters per minute: |
| | if (answer = Other (Specify)) |
| | Specify lpm: |
| | O2 %: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | O2 %: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | if (answer = Non-rebreather mask) |
| | Rate in liters per minute: |
| | if (answer = T-piece) Or (answer = Aerosol Mask) Or |
| | (answer = Face Tent) Or (answer = Trach Collar) |
| | O2%: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | if (answer = Venturi Mask) FiO2: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | if (answer = Other (Specify)) |
| | Specify: |
| | Titrate to keep O2 Sat Above: 92% |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | Indications for O2 therapy: |
| | if (answer = Other) |
| | Specify: |
| | For Grade 2 – MODERATE Symptoms |
| | (cardiovascular, respiratory, or gastrointestinal symptoms – |
| | shortness of breath, wheezing, nausea, vomiting, dizziness, |
| | diaphoresis, throat or chest tightness, abdominal or back pain) |
| [X] sodium chloride 0.9 % infusion - For Grade 2 Moderate | 150 mL/hr, intravenous, continuous |
| Symptoms | Administer normal saline at 150 mL/hr using a new bag and |
| | new intravenous tubing. |
| | For Grade 2 Moderate Symptoms |
| [X] hydrocortisone sodium succinate (Solu-CORTEF) | 100 mg, intravenous, once PRN, For Grade 2 Moderate |
| injection - For Grade 2 Moderate Symptoms | Symptoms |
| | If Patient has allergy to hydrocortisone (SOLU-CORTEF), |
| | administer dexamethasone (DECADRON) 4 mg IV Once. For Grade 2 Moderate Symptoms |
| | i or Grave 2 moverale Symptoms |

| [X] dexamethasone (DECADRON) IV - For Grade 2 Moderate Symptoms for Patients Allergic to hydrocortisone | 4 mg, intravenous, once PRN, For Grade 2 Moderate Symptoms Administer for Grade 2 Moderate Symptoms for Patients Allergic to hydrocortisone. If patient is allergic to hydrocortisone then administer dexamethasone. |
|--|--|
| [X] fexofenadine (ALLEGRA) tablet - For Grade 2 Moderat Symptoms | |
| [X] famotidine (PEPCID) injection - For Grade 2 Moderate Symptoms | 20 mg, intravenous, once PRN, For Grade 2 Moderate Symptoms For Grade 2 Moderate Symptoms |
| [X] If no improvement after 15 minutes, advance level of care to Grade 3 (Severe). | Routine, Once For 1 Occurrences For Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain): |
| | If no improvement after 15 minutes, advance level of care to Grade 3 (Severe) |
| [X] Vital signs - T/P/R/BP | Routine, Every 15 min For Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain): |
| | Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician. |
| Grade 3 – SEVERE Symptoms Hypoxia, hypotension, or neurologic compromise – cyan blood pressure less than 90 mmHg, confusion, collapse, | nosis or O2 saturation less than 92%, hypotension with systolic loss of consciousness, or incontinence |
| [X] Stop the infusion | Routine, Once For 1 Occurrences For Grade 3 – SEVERE Symptoms |
| | (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss |
| | of consciousness, or incontinence): |
| [X] Notify the CERT team and treating physician | Stop the infusion Routine, Once For 1 Occurrences |
| immediately. | For Grade 3 – SEVERE Symptoms |
| | (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence): |
| | Notify the CEPT team and treating physician immediately |
| [X] Place the patient on continuous monitoring | Notify the CERT team and treating physician immediately Routine, Until discontinued, Starting S For Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis |
| | or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence): |
| | Place the patient on continuous monitoring |

| [X] Vital signs - T/P/R/BP | Routine, Once For 1 Occurrences |
|----------------------------|---|
| | For Grade 3 – SEVERE Symptoms |
| | (hypoxia, hypotension, or neurologic compromise – cyanosis |
| | or O2 saturation less than 92%, hypotension with systolic |
| | blood pressure less than 90 mmHg, confusion, collapse, los |
| | of consciousness, or incontinence) |
| [X] Patient position: | Routine, Once For 1 Occurrences |
| | Position: |
| | Additional instructions: |
| | if (answer = elevate extremity) |
| | Extremity: |
| | if (answer = elevate foot of bed) |
| | Elevate (degrees): |
| | For Grade 3 – SEVERE Symptoms |
| | (hypoxia, hypotension, or neurologic compromise – cyanosi |
| | or O2 saturation less than 92%, hypotension with systolic |
| | blood pressure less than 90 mmHg, confusion, collapse, los |
| | of consciousness, or incontinence): |
| | If heart rate is less than 50 or greater than 120, or blood |
| | pressure is less than 90/50 mmHg, place |
| | patient in reclined or flattened position. |
| X] Oxygen therapy | Routine, Continuous |
| x] oxygon molapy | Device: Nasal Cannula |
| | if (answer = Nasal Cannula) |
| | Rate in liters per minute: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = Simple Face Mask) |
| | Rate in liters per minute: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = Non-rebreather mask) |
| | Rate in liters per minute: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = T-piece) Or (answer = Aerosol Mask) Or |
| | (answer = Face Tent) Or (answer = Trach Collar) |
| | O2 %: |
| | if (answer = Other (Specify)) |
| | Specify O2 %: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = Venturi Mask) |
| | FiO2: |
| | if (answer = Other (Specify)) |
| | |
| | Specify O2 %: Titrate to keep O2 Sat Above: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = Other (Specify)) |
| | Specify: |
| | Titrate to keep O2 Sat Above: |
| | if (answer = Other (Specify)) |
| | Specify titration to keep O2 Sat (%) Above: |
| | if (answer = High Flow Nasal Cannula (HFNC)) |
| | Rate in liters per minute: |
| | if (answer = Heated High Flow Nasal Cannula (Heated |
| | HFNC)) |
| | |
| | Rate in liters per minute: |

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if (answer = Other (Specify))
        Specify Flowrate (Lpm):
    O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
Rate in liters per minute: 2 Lpm
Rate in tenths of a liter per minute:
O2 %:
 if (answer = Other (Specify))
    Specify O2 %:
Device 2:
 if (answer = Nasal Cannula)
    Rate in liters per minute:
    Rate in tenths of a liter per minute:
   O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
 if (answer = Simple Face Mask)
    Rate in liters per minute:
    Rate in tenths of a liter per minute:
   02 %:
     if (answer = Other (Specify))
       Specify O2 %:
 if (answer = High Flow Nasal Cannula (HFNC))
    Rate in liters per minute:
    Rate in liters per minute:
     if (answer = Other (Specify))
       Specify lpm:
    O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
    O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
 if (answer = Non-rebreather mask)
    Rate in liters per minute:
  if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
   O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
 if (answer = Venturi Mask)
   FiO2:
     if (answer = Other (Specify))
       Specify O2 %:
 if (answer = Other (Specify))
    Specify:
Device 3:
 if (answer = Nasal Cannula)
    Rate in liters per minute:
    Rate in tenths of a liter per minute:
   O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
  if (answer = Simple Face Mask)
    Rate in liters per minute:
    Rate in tenths of a liter per minute:
   O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
  if (answer = High Flow Nasal Cannula (HFNC))
    Rate in liters per minute:
    Rate in liters per minute:
     if (answer = Other (Specify))
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| | Assess vital signs every 15 minutes until resolution of |
|--|--|
| | For Grade 3 - SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise - cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence): |
| [X] Vital signs - T/P/R/BP | For Grade 3 Severe Symptoms Routine, Every 15 min |
| [X] epINEPHrine (ADRENALIN) 1 mg/1 mL injection - For Grade 3 Severe Symptoms | 0.3 mg, intramuscular, once PRN, anaphylaxis, For Grade 3 Severe Symptoms |
| [X] famotidine (PEPCID) injection - For Grade 3 Severe Symptoms | 20 mg, intravenous, once PRN, For Grade 3 Severe Symptoms For Grade 3 Severe Symptoms |
| Symptoms | For Grade 3 Severe Symptoms If Patient has allergy to hydrocortisone (SOLU-CORTEF), please administer dexamethasone (DECADRON) 4 mg IV once. |
| injection - For Grade 3 Severe Symptoms [X] dexamethasone (DECADRON) IV - For Grade 3 Severe | Symptoms For Grade 3 Severe Symptoms If Patient has allergy to hydrocortisone (SOLU-CORTEF), please administer dexamethasone (DECADRON) 4 mg IV once. 4 mg, intravenous, once PRN, For Grade 3 Severe Symptom |
| [X] hydrocortisone sodium succinate (Solu-CORTEF) | new bag and new intravenous tubing. For Grade 3 Severe Symptoms 100 mg, intravenous, once PRN, For Grade 3 Severe |
| [X] sodium chloride 0.9 % bolus - For Grade 3 Severe Symptoms | 1,000 mL, intravenous, once PRN, For Grade 3 Severe Symptoms Administer normal saline 1000 mL intravenous bolus using a |
| | or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence) |
| | For Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis |
| | Indications for O2 therapy: if (answer = Other) Specify: |
| | if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: |
| | if (answer = Other (Specify)) Specify: Titrate to keep O2 Sat Above: 92% |
| | if (answer = Other (Specify)) Specify O2 %: |
| | Specify O2 %: if (answer = Venturi Mask) FiO2: |
| | (answer = Face Tent) Or (answer = Trach Collar) O2 %: if (answer = Other (Specify)) |
| | Rate in liters per minute: if (answer = T-piece) Or (answer = Aerosol Mask) Or |
| | Specify O2 %: if (answer = Non-rebreather mask) |
| | Specify O2 %: O2 %: if (answer = Other (Specify)) |
| | Specify lpm: O2 %: if (answer = Other (Specify)) |