



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING  
MANGUM REGIONAL MEDICAL CENTER**

TITLE		POLICY	
<b>Anaphylactic/Adverse Drug Reaction</b>		<b>NUR-005</b>	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
<b>Nursing</b>	<b>02/2020</b>		
DEPARTMENT	REFERENCE		
<b>Nursing</b>			

**SCOPE**

This policy applies to all patients receiving care and treatment at Mangum Regional Medical Center.

**PURPOSE**

To recognize the potential danger associated with any anaphylactic or adverse drug reaction to any drug given. To provide a consistent method of treating and reporting anaphylactic and adverse drug reaction.

**DEFINITIONS**

**Adverse Drug Reaction**-The American Society of Health-System Pharmacists (ASHP) defines an adverse drug reaction (ADR) as “Any unexpected, unintended, undesired, or excessive response to a drug that:

- a) Requires discontinuing the drug (therapeutic or diagnostic)
- b) Requires changing the drug therapy
- c) Requires modifying the dose (except for minor dosage adjustments)
- d) Necessitates admission to a hospital
- e) Prolongs stay in a health care facility
- f) Necessitates supportive treatment
- g) Significantly complicates diagnosis
- h) Negatively affects prognosis, or
- i) Results in temporary or permanent harm, disability, or death.

**Anaphylaxis**-a life-threatening allergic reaction that affects two or more parts of the body at once, including your skin, mouth, stomach, lungs or heart. Often it occurs as a series of reactions.

**POLICY**

All anaphylactic and/or adverse drug reactions will be reported to the Medical Provider, Pharmacy and Therapeutics (P&T), Quality, Medical Staff, and Governing Board committees.

## **PROCEDURE**

1. In the initial nursing assessment, notes of allergy history of the patient and /or a strong family history associated with an allergy to any drug or food associated with drug reaction should be documented.
2. Food allergies associated with latex allergy such as kiwi, chestnut, bananas and avocados should be considered as potential warning signs.
3. Instruct the patient of the possibilities of allergic reaction which may manifest itself by symptoms such as generalized itching, tightness in the chest, a feeling of pressure, or difficulty breathing and immediately report these symptoms to healthcare personnel.
4. Establish a baseline data for vital signs of B/P, pulse, temp, respiration and pulse oximetry.
5. Keep a crash cart available.
6. Be alert for anaphylaxis or adverse drug reaction when administering any drug especially those with high potential for reaction such as PCN, Tetanus, allergy shots or any drug your patient has never taken before. Signs of anaphylaxis:
  - a) Urticaria
  - b) Edema
  - c) Hypotension
  - d) Disorientation
  - e) Cyanosis
  - f) Respiratory difficulty with or without wheezing
  - g) Hives
7. Discontinue drug at the first sign of possible symptoms.
8. Maintain an open IV.
9. Maintain an airway; apply oxygen as needed, and notify Respiratory Therapy.
10. Place the patient in Trendelenburg position unless contraindicated.
11. Notify the ER provider or the medical provider on call.
12. If patient's condition is critical and the above measures fail, prepare to call for a Code Blue.
13. Document in nurse's notes the reaction, condition and action taken.
14. Notify the House Supervisor and/or Charge Nurse of the anaphylactic or adverse drug reaction.
15. Complete an Incident Report and complete the information under Adverse Drug Reaction and forward to the Quality Manager.

## **REFERENCES**

NA

## **ATTACHMENTS**

NA

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>