



PT NAME

MR #

**Use Black or Blue Ball Point Pen**  
**All Entries Must Include Date, Time and Signature with Provider/User Number**

### ORDERS

**INSTRUCTIONS:**

1. Order must be received by pharmacy by 1300 in order to begin the desensitization process the following morning.

**PRIOR TO INITIATION OF DESENSITIZATION**
**Orders:**

2. Admit to Intensive Care Unit
3. Verify that informed consent completed and signed appropriately, copy in chart
4. Vital sign assessment, per routine
5. IV Access:
  - Insert peripheral line
  - Access existing infusaport if not already accessed
6. IV fluids: \_\_\_\_\_
7. Place the patient on the following equipment:
  - Cardiac Monitor
  - Noninvasive-BP
  - Pulse Oximetry
8. Verify that epinephrine 1 mg/mL (1:1000 ampule) injection is available
9. Verify the diphenhydramine injection 50 mg is available
10. Verify that resuscitation cart is available
11. Laboratory:
  - CBC W/DIFF, PLT
  - COMP METABOLIC PANEL

**DESENSITIZATION PROCEDURE**
**Orders:**

12. Monitor the following every 10 minutes during the infusion of each dose and then every 1 hour for 6 hours post-desensitization:
  - a. Vital signs and O2 saturation
  - b. Breath sounds for bronchospasm, stridor
  - c. c/o dyspnea, chest tightness, itching, nausea, abdominal pain, anxiety
  - d. Adverse effects: hypotension, tachycardia, dysrhythmia, diarrhea, hives, facial edema, vomiting, sneezing, coughing, flushing.
13. Notify Critical Care Fellow of any signs or symptoms of allergic reaction:
  - a. Hypotension, tachycardia, chest tightness
  - b. Respiratory distress, wheezing, stridor, less than 90% O2 saturation
  - c. Nausea, vomiting, abdominal pain, diarrhea
  - d. Itching, hives, facial edema
14. For a mild reaction (patchy macular and/or papular rash, itching), administer diphenhydramine 50 mg IV every 2 hours prn (daily maximum of 400 mg) per MD request, continue the process as ordered.
15. For a severe reaction, notify the Critical Care Fellow (pager: \_\_\_\_\_) or HO immediately, administer epinephrine 1 mg IM immediately followed by diphenhydramine 50 mg IV, and continue the process as ordered. Epinephrine 1 mg IM may be repeated every 3-5 minutes up to a maximum of 3 mg. Diphenhydramine 50 mg IV may be given every 2 hours prn up to a maximum of 400 mg.



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**MEROPENEM DESENSITIZATION**

Dilution #	Concentration of stock solution (mg/mL)	Stock (mL) per 50 mL saline	Concentration of infused solution (mg/mL)	Volume infused	Amount of antibiotic administered (mg)
1	0.0005	1	0.00001	51	0.0005
2	0.005	1	0.0001	51	0.005
3	0.05	1	0.001	51	0.05
4	0.5	1	0.01	51	0.5
5	5.0	1	0.1	51	5
6	50	1	1	51	50
7					
Adults:	500	2	10	101	500
Children:	_____	2	_____	101	_____

**DESENSITIZATION PROTOCOL (Pharmacy prepares the dilution)**
**Nursing Orders:**

1. Start with dilution #1.
2. Infuse over 20 minutes.
3. Exact time each infusion is given must be documented electronically.
4. A delay of 10 minutes after the end of the infusion should be observed before introducing the next dose.
5. Continue infusing each subsequent dose until finished with all dilutions.
6. Monitor patient overnight in the ICU and release to the medical floor or home the following morning.

At the Completion of Desensitization: Check appropriate box as necessary.

Date & Time	<input checked="" type="checkbox"/>	Orders
Continue drug dosing of meropenem starting 6 hours after the last dilution was given:		
		Adults: 500 mg IV every 6 hours
		OR
		_____ mg IV every ____ hours
		Children: _____ mg IV every _____ hours

Provider Signature: \_\_\_\_\_ Provider Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_