



* ORDERS *

PT NAME

MR #

**Use Black or Blue Ball Point Pen
All Entries Must Be Dated and Signed**

DATE & TIME	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. Verify that informed consent completed and signed appropriately, copy in chart
	3. Vital sign assessment, per routine
	4. Verify that epinephrine 1 mg/mL (1:1000 ampule) injection is available
	5. Verify the diphenhydramine injection 50 mg is available
	6. Verify that diphenhydramine 50 mg oral is available
	7. Verify that resuscitation cart is available
	DESENSITIZATION PROCEDURE
	Orders:
	8. Monitor the following every 30 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.
	9. Notify MD 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
	10. For a mild reaction (patchy macular and/or papular rash, itching), administer diphenhydramine 50 mg oral and/or IV every 2 hours prn (daily maximum of 400 mg) per MD request, continue the process as ordered.
	11. For a severe reaction, notify the MD (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.



PT NAME _____

MR # _____

**Use Black or Blue Ball Point Pen
All Entries Must Be Dated and Signed**

DATE & TIME	ORDERS
----------------	---------------

RIFAMPIN PO DESENSITIZATION

Time from Start (hr)	Dilution #	Rifampin (mg)
0	1	0.1
0.75	2	0.5
1.5	3	1
2.25	4	2
3	5	4
3.75	6	8
4.5	7	16
5.25	8	32
6	9	50
6.75	10	100
7.5	11	150
11	12	
	Adults:	300
	Children:	_____

DESENSITIZATION PROTOCOL (Pharmacy prepares the dilution)
Nursing Orders:

1. Start with dilution #1.
2. Proceed with next dose according to time table provided. There is a 45 minute delay after each dose.
3. Exact time each dose is given must be documented electronically.
4. Continue each subsequent dose until finished with all dilutions.
5. Monitor patient overnight.

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

Date & Time	<input checked="" type="checkbox"/>	Orders
Continue drug dosing of Rifampin starting the next day at 06:30.		
		Adults: 300 mg by mouth every 12 hours
		OR
		_____ mg by mouth every ___ hours
		Children: _____ mg by mouth every ___ hours

Physician Signature: _____ Provider Number: _____