**Oral Sulfa Desensitization [30400005236]**

For patients who have had a non-life threatening reaction to sulfa drugs and require therapy with a sulfonamide antibiotic.

**Antimicrobial Stewardship Guidance**

**URL:** https://www.nebraskamed.com/for-providers/asp/dosing-protocols/antimicrobial-desensitization

### General

**Admission (Single Response)**

- Admit to inpatient (bed request)
- Place in observation (bed request)

**Consent**

- Prepare consent form

**Nursing Assessments / Interventions**

- Continuous telemetry
- Vital signs
- Continuous Pulse oximetry
- If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider
- Ensure patient took scheduled respiratory medications prior to procedure
- Confirm patient has functioning IV line placed
- Verify Resuscitation Cart available prior to administration of oral desensitization agent
- Notify physician if any signs or symptoms of allergic reaction: hypotension, tachycardia, chest tightness, respiratory distress, wheezing, stridor, nausea, vomiting, abdominal pain, diarrhea, itching, rash, hives, facial edema, sneezing, rhinorrhea, or watery eyes

### Details

- If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider
- Routine, Continuous
- If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider
- Routine, Continuous
- Verify Resuscitation Cart available prior to administration of oral desensitization agent
- Routine, Continuous
- Notify physician if any signs or symptoms of allergic reaction: hypotension, tachycardia, chest tightness, respiratory distress, wheezing, stridor, nausea, vomiting, abdominal pain, diarrhea, itching, rash, hives, facial edema, sneezing, rhinorrhea, or watery eyes

### Routine, Continuous

- Telemetry indication? Drug monitoring
- Discontinue 60 minutes after last dose if patient does not have another indication for telemetry monitoring.
- Routine, Continuous, Vitals signs prior to each desensitization dose and every 30 minutes x 2 (for 60 minutes) after final dose.
- Include breathing sounds for bronchospasms and stridor.
- Routine, Continuous, Pulse oximetry every 30 minutes during desensitization and one hour post desensitization.
- If patient has a beta blocker ordered (eg, metoprolol, carvedilol, propranolol, atenolol, labetalol, etc.), confirm patient did not take beta blocker prior to oral sulfa desensitization that day. If beta blocker was taken, please notify ordering provider
- Routine, Continuous
- Medication information included? Yes
- Ensure patient took scheduled respiratory medications prior to procedure
- Routine, Continuous
- Medication information included? No
- Confirm patient has functioning IV line placed
- Routine, Continuous
- Medication information included? No
- Verify Resuscitation Cart available prior to administration of oral desensitization agent
- Routine, Continuous
- Notify physician if any signs or symptoms of allergic reaction: hypotension, tachycardia, chest tightness, respiratory distress, wheezing, stridor, nausea, vomiting, abdominal pain, diarrhea, itching, rash, hives, facial edema, sneezing, rhinorrhea, or watery eyes
For mild reaction (patchy macular and/or papular rash, hives or itching), administer diphenhydramine PO or IV as directed by prescriber.

For severe reaction (hypotension, tachycardia, wheezing, chest tightness, respiratory distress, angioedema, and/or emesis and diarrhea), immediately administer Epinephrine IM and diphenhydramine IV then notify MD.

Update allergy section within electronic medical record. If patient tolerated oral sulfa desensitization, document the agent and date tolerated within the comments section of the allergy. If patient failed oral sulfa desensitization, add antibiotic allergy and reaction.

Medications for Allergic Reaction
- **Mild Allergic Reaction**
  - 0.9% NaCl continuous infusion
  - albuterol (PROVENTIL HFA; VENTOLIN HFA) inhaler
  - diphenhydramine (SOMINEX) tablet
- **Severe Allergic Reaction**

"Followed by" Linked Panel

<table>
<thead>
<tr>
<th>Suspected Pathogen</th>
<th>Strain/Species</th>
<th>Test Method</th>
<th>Test Reagent</th>
<th>Test Date</th>
<th>Test Result</th>
<th>Test Status</th>
<th>Test Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 0.02-0.004 mg/1 ml oral dilution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 0.2-0.04 mg/1 mL oral dilution</td>
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<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 2-0.4 mg/1 ml oral dilution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 20-4 mg/1 mL oral dilution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 200-40 mg/5 mL suspension</td>
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<td>sulfamethoxazole-trimethoprim (BACTRIM, SEPTRA) 400-80 mg per tablet</td>
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<tr>
<td>Drug</td>
<td>Dose/Route/Interval</td>
<td>Use</td>
<td>Notes</td>
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<td>diphenhydramine (Benadryl)</td>
<td>50 mg, Intravenous, Every 2 hours PRN, Allergies, Daily maximum of 400mg</td>
<td>Mild or Severe allergic reaction</td>
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<td>Epinephrine injectable allergy</td>
<td>0.3 mg, Intramuscular, Every 10 minutes PRN, Severe allergic reaction, For 2 Doses</td>
<td>Maximum number of doses: 2</td>
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<td>hydrocortisone sod succ (PF) (Solu-Cortef)</td>
<td>100 mg, Intravenous, Once PRN, Severe allergic reaction, For 1 Doses, Severe allergic reaction</td>
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<tr>
<td>ranitidine (Zantac) IV</td>
<td>50 mg, Intravenous, Once PRN, Severe allergic reaction, For 1 Doses</td>
<td>Please contact pharmacy for dose if needed.</td>
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Patient/Family Signature(Date & Time) _________________________________ __________

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