





## Infusion Clinic Standard Care Protocols


### IV Access/Line Management

- ✓  **Nursing communication**  
Initiate peripheral intravenous access, PRN per institutional policy, to administer medications ordered.  
Last released: Never


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- ✓  **Nursing communication**  
Access central venous access device (CVAD) PRN per institutional policy, to administer medications ordered.  
Last released: Never


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- ✓  **sodium chloride 0.9 % flush 5 mL**  
5 mL, intravenous, As needed, line care, Starting when released, Until Discontinued  
Last released: Never


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- ✓  **sodium chloride 0.9 % flush 10 mL**  
10 mL, intravenous, As needed, line care, Starting when released, Until Discontinued  
Last released: Never


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- ✓  **sodium chloride 0.9 % infusion**  
20 mL/hr, intravenous, As needed, to keep vein open, Starting at treatment start time, for 1 day  
Last released: Never


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- ✓  **heparin 100 unit/mL flush injection 300 Units**  
300 Units, intravenous, As needed, line care, Starting when released, Until Discontinued  
Last released: Never


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- ✓  **heparin 100 unit/mL flush injection 500 Units**  
500 Units, intravenous, As needed, line care, Starting when released, Until Discontinued  
Last released: Never


### Emergency Medications

- ✓  **Nursing communication**  
VITAL SIGNS: If patients has suspected hypersensitivity or infusion reaction:  
Every 5 minutes until stable; then every 15 minutes until symptoms resolved.  
Last released: Never


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- ✓  **Nursing communication**  
PULSE OXIMETRY: For suspected hypersensitivity or infusion reaction, initiate pulse oximetry monitoring.  
May discontinue once symptoms resolve.  
Last released: Never


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- ✓  **sodium chloride 0.9 % bolus 500 mL**  
500 mL, intravenous, Once as needed, for hypotensive management (systolic BP below 90 mmHg), Starting when released, Until Discontinued  
\*\*RUN WIDE OPEN AND AWAIT PHYSICIAN ORDERS\*\*  
Last released: Never


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- ✓  **acetaminophen (TYLENOL) tablet 650 mg**  
650 mg, oral, Once as needed, generalized pain, back pain, headache, temperature greater than 100.5 degrees F, abdominal cramping, Starting when released, Until Discontinued  
Last released: Never


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- ✓  **albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg**  
2.5 mg, nebulization, Every 10 min PRN, wheezing, bronchospasm, hypoxemia, dyspnea, Starting when released, for 2 doses  
May repeat x 1 if symptoms unresolved.  
Administer with 8L of oxygen.  
Last released: Never


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- ✓  **EPINEPHrine (EPIPEN) 0.3 mg/0.3 mL injection 0.3 mg**  
0.3 mg, intramuscular, Every 15 min PRN, SBP less than 90 mmHg, mild to moderate anaphylaxis, Starting when released, for 3 doses  
May repeat x 2 as needed  
Last released: Never


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- ✓  **famotidine (PF) (PEPCID) injection 20 mg**  
20 mg, intravenous, Administer over 2 Minutes, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued  
Dilute with 10 mL of 0.9% Normal Saline.  
IV Push over at least 2 minutes; (if not given within the last 6 hours)  
Last released: Never


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- ✓  **diphenhydRAMINE (BENADRYL) injection 50 mg**  
50 mg, intravenous, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued  
If not given within past 2 hours  
\*\*If patient has severe hypotension, give after hypotensive episode is resolved\*\*  
\*\*Use with caution in patients over 60 years of age, or history of asthma\*\*  
Last released: Never


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- ✓  **diphenhydRAMINE (BENADRYL) injection 25 mg**  
25 mg, intravenous, Once as needed, moderate hypersensitivity / infusion reaction (grade 2) including flushing, dizziness, back pain, rigors, localized rash/hives, pruritis, nausea, vomiting, abdominal cramping, temperature greater than 100.5, uneasiness, agitation, feeling of impending doom, Starting when released, Until Discontinued  
\*\*Use with caution in patients over 60 yrs of age, or history of asthma\*\*  
Last released: Never

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- ✓  **hydrocortisone sod succ (PF) injection 100 mg**  
100 mg, intravenous, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued  
Last released: Never

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- ✓  **Oxygen Therapy, Adult - Device: Nasal Cannula**  
STAT, As needed Starting when released Until Specified  
Device: Nasal Cannula  
Keep O2 Sat Above: 90%