



fraserhealth

Regional Pre-Printed Orders for EDARAVONE FOR Amyotrophic Lateral Sclerosis (ALS) Ambulatory and Home Care



Form ID: DRDO107400A

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DRUG & FOOD ALLERGIES

- Mandatory [] Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

In the event of any suspected hypersensitivity reaction:

- Stop all medications/agents
Disconnect IV tubing and replace with new infusion tubing primed with sodium chloride 0.9%
sodium chloride 0.9% IV infusion at 20 mL/hour
Contact physician: Phone number:
Alternative physician contact: Phone number:
Monitor vital signs Q5 minutes until stable
Resume infusion as per physician's orders

In the event of suspected mild hypersensitivity reaction:

Mild hypersensitivity reaction = flushing; mild rash; mild itching

- diphenhydrAMINE 25 to 50 mg IV or IM or PO Q6H PRN

In the event of suspected severe hypersensitivity reaction:

Severe hypersensitivity reaction = angioedema or severe urticaria (hives to whole body) AND any one of:

- respiratory compromise (e.g. dyspnea, wheeze, throat tightness (change in voice), repetitive cough, stridor, hypoxia, chest pain)
hypotension (50% or greater decrease from baseline)
persistent gastrointestinal symptoms: abdominal/pelvic cramping, vomiting, diarrhea

- Call Code Blue or 911 as per established procedure
epinephrine 0.5 mg IM into thigh STAT. Repeat Q5 minutes if symptoms persist or worsen. May administer maximum of 3 doses. Inject in opposite limb to that of the infusion.
diphenhydrAMINE 50 mg IV (or IM if no IV access available, into a different site than that of the epinephrine) x 1 dose if not already administered
hydrocortisone 100 mg IV x 1 dose (if available)
salbutamol 5 mg nebulized Q20 minutes x 3 doses PRN (if available)
ipratropium 0.5 mg nebulized Q20 minutes x 3 doses PRN for severe bronchospasm (if available)

Other Orders:

Table with 4 columns: Date (DD/MMM/YYYY), Time, Prescriber Signature, Printed Name and College ID#