

DATE/TIME	Azithromycin IV Desensitization Protocol
	DO NOT USE: U, u, IU, MS, MSO₄, 1.0 (trailing zero), .5, QD, QOD, MgSO₄ INSTEAD USE: Unit, Morphine, 1, 0.5 (leading zero), Daily, Every other day, Magnesium
	1. Initiation of Protocol Requirements: <input checked="" type="checkbox"/> Admit patient to ICU: _____ <input checked="" type="checkbox"/> Patient MUST be full code for the desensitization procedure and thru the next full dose is administered. If patient is DNR/DNI, the primary team should discuss with the patient or legal guardian whether they are willing to reverse the status to FULL CODE for the duration of the procedure. <input type="checkbox"/> Consult UM Allergist <input type="checkbox"/> If patient is taking a beta blocker, HOLD beta blocker for 24 hours before protocol is administered.
	2. Monitoring Requirements: <input checked="" type="checkbox"/> Monitor and chart vital signs and oxygen saturation prior to the first dose and prior to each dose escalation (5min during dose and 10minutes after each dose = every 15 minutes). <input checked="" type="checkbox"/> Assess breath sounds prior to first dose, prior to each dose escalation, and upon complaints of respiratory symptoms including dyspnea or chest tightness. <input checked="" type="checkbox"/> Notify ICU fellow/attending or allergist at: _____ and hold subsequent doses until further orders if any of the following signs or symptoms occur: a. Oral: pruritus of lips, tongue, and palate, oral "tingling", edema of lips and tongue, metallic taste in the mouth. b. Skin: localized or generalized itching, flushing, hives, swelling (angioedema), morbilliform rash. c. GI: abdominal cramps or pain (colic), nausea, vomiting, diarrhea, loss of bowel control d. Respiratory: nasal congestion or sneezing, rhinorrhea, tightness in the throat, hoarseness, "barky" cough, difficulty swallowing, dyspnea, chest tightness, wheezing, stridor, drop in oxygen saturation, cyanosis, respiratory distress. e. Cardiovascular: tachycardia (increase >15 beats/min), dysrhythmia, mild hypotension, bradycardia, profound hypotension, cardiac arrest. f. Neurological: change in activity level, anxiety, "light headedness", feeling "impending doom", loss of consciousness <input checked="" type="checkbox"/> If allergic reaction occurs call physician at phone number listed above and administer the following agents in the listed sequence: a. Give 0.3mg (0.3mL) of 1:1000 epinephrine IM x1. May repeat Q5Min x2 as needed for allergic reaction. b. After epinephrine, Give 0.9% NaCl 1000mL IV bolus x 1 as needed for systemic reaction. c. After 0.9% NaCl, give Methylprednisolone 125mg IV x 1 dose PRN for systemic reaction. d. After Methylprednisolone, administer diphenhydramine 50mg IV X 1 PRN systemic reaction. e. After diphenhydramine, administer ranitidine 150mg IV x1 PRN systemic reaction. f. If patient is on beta blocker, administer glucagon 5mg IV x1. May repeat x 1 if no blood pressure response in 10 minutes. g. If glucagon is administered, give calcium chloride 1g IV over 10 minutes x 1 dose.
	3. Drug Desensitization Procedures: <input checked="" type="checkbox"/> Give sequentially at intervals as outlined in attached protocol table. <input checked="" type="checkbox"/> Document each dose as "given" on the attached flowsheet <input checked="" type="checkbox"/> Once protocol is complete, continue administration of Azithromycin as prescribed, uninterrupted, as long as recommended by prescriber. Azithromycin continuation dose: _____ PO or IV Q _____ H
	4. Pharmacy Compounding Instructions: <input checked="" type="checkbox"/> Pharmacist: Enter set Azithromycin IV desensitization. Dispense Syringes 1-6, Bag #2 (after syringes for doses 5 & 6 have been removed), and Bag #3. <input checked="" type="checkbox"/> Pharmacy Technician: a. Make stock solution of 500mg/5mL (4.8mL of sterile water added to 500mg vial – 500mg/5mL stock solution). b. From stock vial, remove 2.5mL (250mg) and add to 250mL of D5W creating 250mg/250mL solution. Label this as Solution #2. c. Draw up 2 syringes from Solution #2 of 0.8mL and 1.6mL respectively. Label 0.8mL syringe as Dose #5, and 1.6mL syringe as Dose #6. d. From the leftover stock solution, draw up 25mg (0.25mL) and mix into a 500mL D5W bag. Label this as Solution #1. e. For doses 1-4, draw syringes from Solution #1 and label accordingly. i. Dose #1: 1mL of Solution #1 ii. Dose #2: 2mL of Solution #1 iii. Dose #3: 4mL of Solution #1 iv. Dose #4: 8mL of Solution #1 v. Total waste should equal 485.3mL f. Mix 500mg of azithromycin IV in 250mL of D5W. Label this as Solution #3 which will be used for doses 11-14.
	Physician Name and Signature: _____ Date: _____ Physician contact phone number: _____



1400 NW 12th Avenue,
Miami, FL 33136

Patient Identification Sticker

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Dose #	Protocol Time	Actual Time Given	Rate (mL/hr)	VTBI (mL)	Infusion time	Dose (mg)	Cumulative Dose (mg)	Next Dose Due at (time)
Start with Syringes for IVP (Syringes 1-4 are 0.05mg/mL and Syringes 5-6 are 1mg/mL)								
1	0:00		N/A	N/A	N/A	0.05	0.05	
2	0:15		N/A	N/A	N/A	0.1	0.15	
3	0:30		N/A	N/A	N/A	0.2	0.35	
4	0:45		N/A	N/A	N/A	0.4	0.75	
5	1:00		N/A	N/A	N/A	0.8	1.55	
6	1:15		N/A	N/A	N/A	1.6	3.15	
Change to Solution Bag #2 (247.6mg/247.6mL)								
7	1:30		38.4	3.2	5	3.2	6.35	
8	1:45		76.8	6.4	5	6.4	12.75	
9	2:00		150	12.5	5	12.5	25.25	
10	2:15		300	25	5	25	50.25	
Total bag infused: 47.1mL					Total bag to waste: 200.5mL			
Change to Solution Bag #3 (500mg/250mL)								
11	2:30		300	25	5	50	100.25	
12	2:45		150	37.5	15	75	175.25	
13	3:15		150	75	30	150	325.25	
14	4:00		200	100	30	200	525.25	
Total bag infused: 237.5mL					Total bag to waste: 12.5mL			
Total Time to Desensitize: 4 hours 30 min								
Total Cumulative Dose: 525.25mg								



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