

| DATE/TIME | Cefoxitin 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. |
| | 3. Drug Desensitization Procedures: <input checked="" type="checkbox"/> Start with bag labeled solution #1. <input checked="" type="checkbox"/> Give each dose over 5 minutes. Then, allow a 10 minute monitoring period for signs/symptoms of allergic reaction before giving the next dose. If tolerating, modify infusion rate and volume to be infused (VTBI) on the pump in an escalating manner per protocol. <input checked="" type="checkbox"/> Document each dose as "given" in eMAR <input checked="" type="checkbox"/> Monitor for 30 minutes after the final dose. If no reaction occurs, start the scheduled cefoxitin dose as follows 4 to 6 hours from the last desensitization dose as ordered by the treating physician: Cefoxitin _____ IV Q _____ H <input checked="" type="checkbox"/> If cefoxitin is held for more than 24 hours, notify allergist prior to re-administration of the drug. |
| | 4. Pharmacy Compounding Instructions: <input checked="" type="checkbox"/> Pharmacist: Enter set named Cefoxitin Desensitization protocol <input checked="" type="checkbox"/> Technician: Make doses as follows: a. Solution #3: Reconstitute cefoxitin 2g vial with 20mL sterile water. Remove 21mL from 100mL 0.9% NaCl bag. Dilute reconstituted cefoxitin vial in bag, for a final concentration of 20mg/mL. Label as solution #3. b. Solution #2: Remove 5mL from a 50mL bag of 0.9% NaCl. Remove 5mL (100mg) from Solution #3 and place in 45mL 0.9% NaCl bag for a cefoxitin concentration of 2mg/mL. Label as solution #2. c. Solution #1: Remove 2mL from a 100mL bag of 0.9% NaCl. Remove 2mL (4mg) from Solution #2. Place in the 98mL bag of 0.9%NaCl for a cefoxitin concentration of 4mg/100mL (0.04mg/mL). Label as solution #1. |
| | Physician Name and Signature: _____ Date: _____ Physician contact phone number: _____ |



1400 NW 12th Avenue,
Miami, FL 33136

Patient Identification Sticker

Cefoxitin Desensitization Protocol

| 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 Solution Bag #1 (4mg/100mL) | | | | | | | | |
| 1 | 0:00 | | 9 | 0.8 | 5 min | 0.032 | 0.032 | |
| 2 | 0:15 | | 19 | 1.6 | 5 min | 0.064 | 0.096 | |
| 3 | 0:30 | | 38 | 3.1 | 5 min | 0.124 | 0.22 | |
| 4 | 0:45 | | 75 | 6.3 | 5 min | 0.252 | 0.48 | |
| 5 | 1hr | | 150 | 12.5 | 5 min | 0.5 | 1 | |
| Total bag infused: 24.3mL | | | | | Total bag to waste: 75.7mL | | | |
| Change to Solution Bag #2 (96mg/48mL) | | | | | | | | |
| 6 | 1:15 | | 6 | 0.5 | 5 min | 1 | 2 | |
| 7 | 1:30 | | 12 | 1 | 5 min | 2 | 4 | |
| 8 | 1:45 | | 24 | 2 | 5 min | 4 | 8 | |
| 9 | 2:00 | | 48 | 4 | 5 min | 8 | 16 | |
| 10 | 2:15 | | 96 | 8 | 5 min | 16 | 32 | |
| 11 | 2:30 | | 192 | 16 | 5 min | 32 | 64 | |
| Total bag infused: 31.5mL | | | | | Total bag to waste: 16.5mL | | | |
| Change to Solution Bag #3 (1900mg/95mL) | | | | | | | | |
| 12 | 2:45 | | 38 | 3.2 | 5 min | 64 | 128 | |
| 13 | 3:00 | | 75 | 6.3 | 5 min | 125 | 256 | |
| 14 | 3:15 | | 150 | 12.5 | 5 min | 250 | 500 | |
| 15 | 3:30 | | 300 | 25 | 5 min | 500 | 1000 | |
| 16 | 3:45 | | 300 | 50 | 10 min | 1000 | 2000 | |
| Total bag infused: 95mL | | | | | Total bag to waste: 0.0mL | | | |
| Total Time to Desensitize: 4 hours | | | | | | | | |
| Total Cumulative Dose: 2000mg | | | | | | | | |

References:

1. De Maria C, Lebel D, Desroches A, Gauvin F. Simple intravenous antimicrobial desensitization method for pediatric patients. American Journal of Health-System Pharmacy. 59(16):1532-1536, August 15, 2002.
2. Solensky R. Drug desensitization. Immunology and Allergy Clinics of North America. 24 (2004) 425-443.
3. Castells M. Desensitization for drug allergy. Curr Opin Allergy Clin Immunol 6:476-481, 2006.



1400 NW 12th Avenue,
Miami, FL 33136

Patient Identification Sticker