

DATE/TIME	Oral Bactrim 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"/> Give sequentially initially at 15 minute intervals, followed by 30 minutes intervals after 1 hour (dose 5) if no adverse reactions occur. All doses must be administered. A total of at least 6 hours are needed to complete the entire desensitization protocol. <input checked="" type="checkbox"/> Document each dose as "given" on flowsheet on page 2 of this protocol <input checked="" type="checkbox"/> After administration of each dose, give 8oz of water to ensure that the full dose has been given. <input checked="" type="checkbox"/> Once protocol is complete, continue administration of Bactrim as prescribed, uninterrupted, as long as recommended by prescriber. Bactrim continuation dose: _____ PO Q _____ H
	4. Pharmacy Compounding Instructions: <input checked="" type="checkbox"/> Pharmacist: Enter set named Bactrim Oral Desensitization protocol <input checked="" type="checkbox"/> Technician: Make doses as follows: a. Use Bactrim suspension 200mg-40mg/5mL suspension to make compound. b. Shake stock bottle well. c. Take 3mL from stock bottle and add to an empty amber bottle. Add 27mL of sterile water for a total volume of 30mL. Shake well. Label as solution #3: 1:10 dilution. Use this bottle to draw up oral syringes for doses #9-11 of the protocol. d. Take 3mL of solution #3 and add to an empty bottle. Add 27mL for a total of 30mL total volume of sterile water. Shake well. Label as solution #2: 1:100 dilution. Use this bottle to draw up oral syringes for doses #6-8 of the protocol. e. Take 3mL of solution #2 and add to an empty bottle. Add 27mL for a total of 30mL total volume of sterile water. Shake well. Label as solution #1: 1:1000 dilution. Use this bottle to draw up oral syringes for doses #1-5 of the protocol. f. Use the undiluted, stock bottle, to draw up oral syringes for doses #12-15 of the protocol.
	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	Dilution to Use	Dilution (mg/mL)	Volume (mL)	TMP (mg)	Cumulative Dose (mg)	Next Dose Due at (time)
Start giving at 15 minute intervals								
1	0:00		1:1,000 Solution #1	0.008	0.625	0.005	0.005	
2	0:15		1:1,000 Solution #1	0.008	1.25	0.01	0.015	
3	0:30		1:1,000 Solution #1	0.008	2.5	0.02	0.035	
4	0:45		1:1,000 Solution #1	0.008	6.25	0.05	0.09	
5	1		1:1,000 Solution #1	0.008	12.5	0.1	0.19	
Change to 30 minute intervals								
6	1.5		1:100 Solution #2	0.08	2.5	0.2	0.4	
7	2.0		1:100 Solution #2	0.08	6.25	0.5	0.9	
8	2.5		1:100 Solution #2	0.08	12.5	1	1.9	
9	3		1:10 Solution #3	0.8	3.75	3	4.9	
10	3.5		1:10 Solution #3	0.8	6.25	5	10	
11	4		1:10 Solution #3	0.8	12.5	10	20	
12	4.5		Undiluted	8	2.5	20	40	
13	5		Undiluted	8	5	40	80	
14	5.5		Undiluted	8	5	40	120	
15	6		Undiluted	8	5	40	160	
Total Time to Desensitize: 6 hours								
Total Cumulative Dose: 160mg								

References:

- Solensky R. Drug desensitization. Immunology and Allergy Clinics of North America. 24 (2004) 425-443.
- Castells M. Desensitization for drug allergy. Curr Opin Allergy Clin Immunol 6:476-481, 2006.
- Gluckstein D, Ruskin J. Rapid oral desensitization to trimethoprim-sulfamethoxazole (TMP-SMZ): use in prophylaxis for Pneumocystis carinii pneumonia in patients with AIDS who were previously intolerant to TMP-SMZ. Clin Infect Dis. 1995 Apr;20(4):849-53.
- Rapid Oral TMP/SMX Desensitization over Five Hours. Sanford Guide 2004. Page 56, Table 6B.



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