F-210 Adverse Drug Reaction Procedure

**Purpose**
Identify and respond to signs and symptoms of adverse drug reaction.

**Applies To**
- Registered Nurses
- Licensed Practical/Vocational Nurses
- Other (Identify): _____________________________________________

**Equipment/Supplies**
*Must have physician orders for the drugs to use and the protocol to follow. These orders must be client specific.*

Anaphylaxis kit that includes:
- 250ml bag 0.9 sodium chloride
- Alcohol swa
- IV start kit
- Benadryl 50 mg/ml vial
- 1ml Heparin (100u/ml)
- Betadine swab
- IV solution set
- Oral Tylenol tablets
- 30ml vial bacteriostatic saline

- 1 Inch tape
- 18g Butterfly infusion set
- 20g needles
- Solu-cortef 100 mg syringe
- Airway and mask
- Sterile gloves
- Syringes
- Epinephrine 0.5 mg syringes
- Thermometer

**Definition**
Adverse Drug Reaction: Signs and symptoms are not directly associated with the medication but occur after administration of a medication.

Reactions may be mild to severe (life threatening).

Prior to Drug Administration:
- Be aware of all drugs client is currently taking and of potential side effects.
- Review allergy history.
- Obtain anaphylaxis protocol orders and parameters for responding to adverse reactions from the physician.
- Obtain baseline vital signs and record mental status.
Procedure

**Note:** It is important to follow physician parameters and orders when responding to a suspected adverse drug reaction.

1. Observe for signs and symptoms of adverse reaction.
   a. **Central Nervous System:** headache, tremors, dizziness, muscle spasms, confusion.
   b. **Gastrointestinal:** nausea, vomiting, diarrhea, cramps, abdominal pain.
   c. **Skin:** rash, flushing, swelling of eyelids and lips, erythema, urticaria.
   d. **Cardiovascular:** dizziness, hypotension, arrhythmia, tachycardia, bradycardia.
   e. **Respiratory:** shortness of breath, wheezing, stridor, dyspnea on exertion, respiratory depression.

2. Report signs and symptoms to physician.
3. Discontinue drug administration.
4. Institute treatment/emergency measures as directed by physician or per protocol.
5. Maintain airway, support breathing, and circulation.
6. Activate emergency medical system as needed.

**Documentation Guidelines**

Document in the clinical record:

1. Date, time, and nature of onset of symptoms.
2. Time of onset in relation to medication administration.
3. Emergency actions taken and the client’s response.
4. To whom and under what conditions responsibility for the client was transferred to others (i.e. rescue squad/hospital staff).
5. Allergy/adverse reaction.
7. Notify pharmacy within 24 hours of reaction.
8. Inform client of reaction/suspected allergy and instruct on avoidance of specific medication.
9. Note allergy on medication profile - flag clinical chart.

**Related Procedures**

None.
## Policy History

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