

CAROLINA FAMILY HEALTH CENTERS, INC.

STANDING ORDER

TITLE: SO-106 Standing Order for the Management of Anaphylactic Vaccine Reactions

EFFECTIVE DATE: January 14, 2021

SECTION: Clinical Standing Orders

REFERENCE PROCEDURE: N/A

RESPONSIBLE CHIEF OF STAFF: Chief Medical Officer

RESPONSIBLE COMMITTEE: Medical CIT

REVIEWED: 04/02/2024

I. PURPOSE

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination. Vaccine providers should know how to recognize allergic reactions, including anaphylaxis.

II. PROCEDURE

The table below describes steps to take if an adverse reaction occurs following vaccination.

Reaction	Signs and Symptoms	Management
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place a thick layer of gauze pads over the site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright, presyncope, and syncope (fainting)	Fright before the injection is given	Have the patient sit or lie down for the vaccination.
	The patient feels "faint" (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance)	Have the patient lie flat. Loosen any tight clothing and maintain an open airway. Apply a cool, damp cloth to the patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if the patient does not recover immediately.
Anaphylaxis	Skin and mucosal symptoms such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. Respiratory symptoms such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough.	See the emergency medical protocol on the next page for detailed steps to follow in treating anaphylaxis.

	Gastrointestinal symptoms such as nausea, vomiting, diarrhea, cramping abdominal pain. Cardiovascular symptoms such as collapse, dizziness, tachycardia, hypotension.	
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Emergency medical protocol for management of anaphylactic reactions in adults in a community setting:

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the provider assisting with the vaccine clinic. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. **Drugs and dosing information: The first-line and most important therapy in anaphylaxis is epinephrine.**
There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.
 - For a regular-size adult administer a 0.3 mg dose IM using an auto-injector (one adult Epi-pen®) in the mid-outer thigh.
 - For obese patients inject a 0.45 mg IM dose using one adult Epi-pen® (0.3 mg) and one Jr. Epi-pen® (0.15 mg).
 - If using another epinephrine formulation, the recommended dose is 0.01 mg/kg, ranging for adults from 0.3 mg to a maximum dose of 0.5 mg. Administer IM, preferably in the mid-outer thigh.
 - Epinephrine dose may be repeated two additional times every 5–15 minutes while waiting for EMS to arrive.
4. Place the patient on **Oxygen** at 8 to 10 L/minute via **nasal cannula**.
5. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep the patient in a recumbent position (flat on the back) unless he or she is having breathing difficulty. If breathing is difficult, the patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate the legs. Monitor blood pressure and pulse every 5 minutes.
6. Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, and medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Notify the patient's primary care physician.
8. Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov.

Optional medications: Can be considered **only after** administering Epinephrine in the setting of anaphylaxis.

1. **H1 antihistamines** to relieve itching and hives only; they DO NOT relieve upper or lower airway obstruction, hypotension, or shock.
 - **Diphenhydramine** (Benadryl®):

- Oral, 12.5 mg/5 mL liquid, 25 or 50 mg tablets. May give one dose of 25 to 50 mg one time only.
- IM, 50mg/mL vial. May give 25 to 50 mg dose IM one time.
- **Cetirizine:** (Zyrtec®) 10 mg oral. May give one dose.

2. **Glucocorticoid:**

- Methylprednisolone (Solu-Medrol®): 125 mg IM. May give one dose.

This standing order shall remain in effect for all patients of Carolina Family Health Centers, Inc., effective 04/02/2024 until rescinded.



Abraham Chaparro, MD
Chief Medical Officer

3/6/25

Date