SPRINGSIDE INFUSION

Ultomiris

Patient information

Patient name _____ **DOB** _____

Mobile number _____ **Weight** _____ ☐ kgs ☐ lbs

Diagnosis

☐ Myasthenia gravis (without acute exacerbation) (g70.00)
☐ Myasthenia gravis with acute exacerbation (g70.01)
☐ Paroxysmal nocturnal hemoglobinuria (pnh) (d59.5)
☐ Atypical hemolytic uremic syndrome (ahus) (d59.3)
☐ Other _____

Allergies ☐ NKDA ☐ _____

Medication instructions

Pre-medications

☐ N/A
☐ Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ IV ☐ PO | ☐ Methylprednisolone (Solu-Medrol) ☐ 125mg ☐ IVP
☐ Acetaminophen (Tylenol) ☐ 325mg ☐ 650mg ☐ IV ☐ PO | ☐ Famotidine (Pepcid) ☐ 20mg ☐ IVP ☐ PO
☐ Loratadine (Claritin) ☐ 10mg ☐ PO | ☐ Ondansetron (Zofran) ☐ 4mg ☐ IV ☐ PO | ☐ Dexamethasone ☐ 4mg ☐ 8mg ☐ PO
☐ Other: _____ ☐ Dose:_____ ☐ Route:_____

Medication order

Dose

☐ Pt weight 40-59kg: 2,400 mg at week 0, then 3,000 mg at week 2 and every 8 weeks
☐ Pt weight 60-99kg: 2,700 mg at week 0, then 3,300 mg at week 2 and every 8 weeks
☐ Pt weight 100kg or more: 3,000 mg at week 0, then 3,600 mg at week 2 and every 8 weeks
☐ Other _____

Frequency

☐ Week 0, 2, then every 8 weeks
☐ Every 8 weeks
☐ Other _____

Medication route

☐ IV
☐ Other _____

Lab order (Include frequency)

Please list any labs to be drawn by the infusion clinic:
☐ N/A
☐ _____

Prerequisites

Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics | Proof of meningococcal vaccination at least 2 weeks prior to start of treatment

Please send to ☐ Columbia, MD ☐ Silver Spring, MD ☐ Bowie, MD ☐ Frederick, MD

Referring provider information

Referring provider name _____ **NPI** _____

Practice name _____

Point of contact Name _____ Email _____ Phone _____

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Provider signature _____ Date _____

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Adverse & hypersensitivity reaction management protocol

rev. 07/2026

This protocol governs the recognition and management of infusion, hypersensitivity, and anaphylactic reactions in all patients receiving infusion therapy at Springside Infusion, including biologics, monoclonal antibodies, antibiotics, immunoglobulin, and other parenteral medications. These standing orders remain in effect for all infusion patients unless otherwise specified in writing by the ordering provider.

Observe for signs of a reaction

Fever, chills, rigors, flushing, pruritus, rash or hives, cough, sneezing, throat irritation, nausea, vomiting, chest tightness, back pain, headache, joint pain, shortness of breath, wheezing, hypotension, hypertension, angioedema (swelling of the mouth, tongue, lips, or airway), or altered mental status.

Reaction severity grading (CTCAE-based)

Grade 0–1 (Mild) Localized rash, pruritus, mild flushing. No systemic signs. Vital signs are stable.

Grade 2–3 (Moderate) Diffuse urticaria, flushing, chills/rigors, chest tightness (without instability), fever >100.5°F, nausea/vomiting, joint pain, hypotension, hypertension, shortness of breath without respiratory distress.

Grade 4 (Severe / Anaphylaxis) Respiratory distress, wheezing/bronchospasm, airway swelling, significant hypotension or syncope, and rapid progression of symptoms.

General procedure for suspected reactions

If the patient presents with any of the above symptoms, the nurse must:

Step 1 Stop the infusion and notify the on-call provider.

Step 2 Identify the reaction grade using the criteria above and treat per the corresponding protocol below.

Step 3 Establish / maintain IV access.

Step 4 Record vital signs at the time of reaction and at regular intervals until reaction resolution.

Step 5 Document the time of reaction, interventions performed, patient vitals, medications administered, and patient response on the Infusion Reaction Documentation Form.

Step 6 Monitor the patient for at least 30 minutes following resolution of symptoms, or longer per provider direction.

Call 911 immediately if the patient does not improve, becomes unstable, or worsens at any point.

Mild reaction management — Grade 0–1

Presentation: mild flushing, pruritus, localized rash or hives; vital signs stable.

Step 1 Stop the infusion; keep the IV line open with normal saline. Do not remove the IV.

Step 2 The nurse may administer: Famotidine 20 mg IV push, Diphenhydramine 25 mg IV push, Acetaminophen 500–1000 mg PO, Ibuprofen 400 mg, and 500 mL normal saline IV bolus.

Step 3 Contact the on-call provider.

Step 4 Monitor symptoms for at least 15 minutes. If symptoms persist or worsen, proceed to Moderate Reaction Management below.

Step 5 Continue monitoring for at least 30 minutes or until symptoms fully resolve.

Step 6 Infusion may resume per medication protocol only with provider permission.

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Moderate reaction management — Grade 2–3

Presentation: significant flushing, chest tightness without instability, diffuse hives or pruritus, rigors, urticaria, nausea/vomiting, joint pain, fever >100.5°F, hypotension, hypertension, or shortness of breath without respiratory distress.

Step 1 Stop the infusion. Keep the IV line open with normal saline; do not remove the IV.

Step 2 The nurse may administer: Diphenhydramine 50 mg IV push, Methylprednisolone 125 mg IV push, Famotidine 20 mg IV push, Ondansetron 4 mg slow IV push over 5 minutes, Acetaminophen 650 mg PO, and Normal Saline 1000 mL IV bolus.

Step 3 An additional 1000 mL normal saline bolus may be repeated for a systolic blood pressure below 90.

Step 4 Position the patient with legs elevated as needed for hypotension.

Step 5 Notify the on-call provider.

Step 6 If two or more organ systems are involved, escalate immediately to Severe Reaction / Anaphylaxis management.

Step 7 Monitor patient until symptom resolution and vital signs are stable for at least 30–60 minutes prior to discharge.

Severe reaction / suspected anaphylaxis — Grade 4

Presentation: respiratory distress, wheezing/bronchospasm, airway swelling, hypotension, syncope, or rapid progression of symptoms.

If a patient presents with severe reaction / anaphylaxis symptoms, the nurse should:

Step 1 Stop the infusion immediately. Disconnect IV tubing; do not flush the line.

Step 2 Administer Epinephrine 0.3 mg IM in the mid-outer thigh immediately. May be repeated every 5–15 minutes for a maximum of 2 doses.

Step 3 Call 911. Announce the emergency and initiate the facility emergency response.

Step 4 Position the patient supine with legs elevated; semi-reclined if in respiratory distress.

Step 5 Administer high-flow oxygen 10–15 L/min via non-rebreather mask.

Step 6 Establish a second IV line if possible and give a normal saline 1000–2000 mL bolus for hypotension.

Step 7 Administer as supporting medications once epinephrine is given: Diphenhydramine 50 mg IV push, Famotidine 20 mg IV push, and Methylprednisolone 125 mg IV push.

Step 8 Notify the on-call provider by voice as soon as possible with the medication name, dose, onset time, and current vital signs.

Step 9 Complete the Infusion Reaction Documentation Form and provide a full EMS handover, including drug, lot, dose, onset, and all medications given.

Disposition & follow-up

Grade 0–1 and Grade 2–3 reactions Patient to be discharged following contact with the on-call provider and at least 30 minutes of post-reaction monitoring with stable vital signs.

Grade 4 reactions Patients must be transferred by EMS for emergency department evaluation regardless of apparent improvement.

If applicable, contact the referring provider to obtain an order for premedications prior to any future infusions following a reaction.

Notify the referring provider of all reactions. Document all actions, medications, and communications in the patient's record and on the Infusion Reaction Documentation Form.

Provider acknowledgment

By referring a patient to Springside Infusion, the referring provider confirms review of this Adverse & Hypersensitivity Reaction Management Protocol and grants authorization for Springside Infusion and its Registered Nurses to implement these standing orders for any patient under their care who experiences a suspected infusion reaction, unless the referring provider otherwise specifies in writing.

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