CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH NEURO RITUXIMAB 500 MG EVERY 3 MONTHS OR EVERY 4 MONTHS

version 5/24/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☑	Infusion Appointment Request	Once	S	1 treatment

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☐	Infusion Appointment Request	Every 90 days	S+90	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☐	Infusion Appointment Request	Every 120 days	S+120	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION RITUXAN**			
☑	Nursing Communication	Every visit	S	Until discont'd

Patient allowed to bring in home medications and take as prescribed. Patient to use rescue inhaler as prescribed due to cytokine reaction from Rituxan.

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD**			
☑	Nursing Communication	Every visit	S	Until discont'd

Obtain baseline vital signs pre-infusion, one hour into infusion and post infusion. Assess for any signs or symptoms of adverse reaction. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Apply telemetry if condition warrants. Notify provider for any adverse reactions.

☑	Nursing Communication	Every visit	S	Until discont'd

For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			

Flushes (continued)

		Interval	Defer Until	Duration
☑	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd

500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued
Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED SOLUMEDROL RITUXAN**			
◎	methylPREDNISolone sod suc Act-O-Vial (PF) 250 mg in sodium chloride 0.9% (NS) 50 mL IVPB	Every visit	S	Until discont'd
	250 mg, intravenous, Once, Starting when released Administer 30 minutes prior to main infusion.			
◎	methylPREDNISolone sodium succinate (Solu-MEDROL) 500 mg in sodium chloride 0.9% (NS) 50 mL IVPB	Every visit	S	Until discont'd
	500 mg, intravenous, Once, Starting when released Administer 30 minutes prior to main infusion.			
◎	methylPREDNISolone sodium succinate (Solu-MEDROL) 1,000 mg in sodium chloride 0.9% (NS) 100 mL IVPB	Every visit	S	Until discont'd
	1,000 mg, intravenous, Once, Starting when released Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED ACETAMINOPHEN 1000 MG**			
☑	acetaminophen (TYLENOL) tablet 975 mg	Every visit	S	Until discont'd
	1,000 mg, oral, Once, Starting when released Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED (ONDAN 8) PO**			
☑	ondansetron (ZOFRAN) tablet 8 mg	Every visit	S	2 treatments
	8 mg, oral, Once, Starting when released Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED METOCLOPRAMIDE 10 MG**			
☑	metoclopramide HCl (REGLAN) injection 10 mg	Every visit	S	Until discont'd
	10 mg, intravenous, Once, Starting when released Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED (DIPH 50 PO / DIPH 50 IV)**			
◎	diphenhydrAMINE (BENADRYL) capsule 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting when released Administer 30 min prior to main infusion.			

Pre-Medications (continued)

		Interval	Defer Until	Duration
◎	diphenhydrAMINE (BENADRYL) injection 50 mg	Every visit	S	Until discont'd

50 mg, intravenous, Once, Starting when released
Administer 30 min prior to main infusion.

Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY RITUXIMAB BIOSIMILARS 500 MG**			
◉	riTUXimab-abbs (TRUXIMA) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Once	S	1 treatment

500 mg, intravenous, Once, Starting 60 hours after treatment start time
** TRUXIMA FORMULARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.

FOR FIRST INFUSION:
1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete.

STOP the infusion and call the physician if any of the following occur:

1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50.
2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

FOR SUBSEQUENT INFUSIONS:
1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete.

STOP the infusion and call the physician if any of the following occur:

1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50.
2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

◎	riTUXimab-pvvr (RUXIENCE) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Once	S	1 treatment

Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting 60 minutes after treatment start time ** RUXIENCE SECONDARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine. DO NOT mix with Y-site solution. 1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. 2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. FOR FIRST INFUSION: 1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction. FOR SUBSEQUENT INFUSIONS: 1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction.			
◎	rituximab-arrx (RIABNI) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Once	S	1 treatment

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RIABNI TERTIARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.

FOR FIRST INFUSION:

1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete.

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2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

◎	riTUXimab (RITUXAN) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Once	S	1 treatment

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RITUXAN NON-PREFERRED AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.

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3. Any other new acute discomfort or signs of allergic reaction.

☐ **SJH ONCBCN THERAPY RITUXIMAB BIOSIMILARS 500 MG**

◉	riTUXimab-abbs (TRUXIMA) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Every 90 days	S+90	Until discont'd

Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting 60 hours after treatment start time ** TRUXIMA FORMULARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine. DO NOT mix with Y-site solution. 1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. 2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. FOR FIRST INFUSION: 1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction. FOR SUBSEQUENT INFUSIONS: 1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction.			
◎	riTUXimab-pvvr (RUXIENCE) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Every 90 days	S+90	Until discont'd

Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting 60 minutes after treatment start time ** RUXIENCE SECONDARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine. DO NOT mix with Y-site solution. 1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. 2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. FOR FIRST INFUSION: 1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction. FOR SUBSEQUENT INFUSIONS: 1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction.			
◎	rituximab-arrx (RIABNI) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Every 90 days	S+90	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RIABNI TERTIARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

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2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

◎	riTUXimab (RITUXAN) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Every 90 days	S+90	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RITUXAN NON-PREFERRED AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
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3. Any other new acute discomfort or signs of allergic reaction.

☐ **SJH ONCBCN THERAPY RITUXIMAB BIOSIMILARS 500 MG**

◉	riTUXimab-abbs (TRUXIMA) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Every 120 days	S+120	Until discont'd

Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting 60 hours after treatment start time ** TRUXIMA FORMULARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine. DO NOT mix with Y-site solution. 1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. 2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. FOR FIRST INFUSION: 1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction. FOR SUBSEQUENT INFUSIONS: 1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction.			
◎	riTUXimab-pvvr (RUXIENCE) 500 mg in sodium chloride 0.9% (NS) 500 mL infusion	Every 120 days	S+120	Until discont'd

Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting 60 minutes after treatment start time ** RUXIENCE SECONDARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine. DO NOT mix with Y-site solution. 1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. 2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr. FOR FIRST INFUSION: 1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction. FOR SUBSEQUENT INFUSIONS: 1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete. STOP the infusion and call the physician if any of the following occur: 1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50. 2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain 3. Any other new acute discomfort or signs of allergic reaction.			
◎	rituximab-arrx (RIABNI) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Every 120 days	S+120	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RIABNI TERTIARY AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
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FOR FIRST INFUSION:

1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete.

STOP the infusion and call the physician if any of the following occur:

1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50.
2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

FOR SUBSEQUENT INFUSIONS:

1. Monitor BP, pulse and respiratory rate every 30 minutes for the first hour , then 15 minutes after infusion is complete.

STOP the infusion and call the physician if any of the following occur:

1. If systolic blood pressure (SBP) DROPS > 20 mm Hg from baseline OR drops to or below 80/50.
2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

◎	riTUXimab (RITUXAN) 500 mg in sodium chloride 0.9% (NS) 300 mL infusion	Every 120 days	S+120	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration

500 mg, intravenous, Once, Starting 60 minutes after treatment start time
** RITUXAN NON-PREFERRED AGENT** Pre-medications: Acetaminophen, Diphenhydramine.

DO NOT mix with Y-site solution.

1. Initial rate = 50 (mL) mg/hr for 30 minutes. Then increase the rate to 50 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.
2. Subsequent rate = 100 (mL) mg/hr for 30 minutes. Then increase the rate to 100 (mL) mg/hr every 30 minutes. Maximum rate of 400 (mL) mg/hr.

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1. Monitor BP, pulse, and respiratory rate every 30 minutes until a stable infusion rate is reached. Then hourly until 30 minutes after infusion is complete.

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2. Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain
3. Any other new acute discomfort or signs of allergic reaction.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☑	Oxygen Therapy	PRN	S	Until discont'd
	No details available for preview			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

		Interval	Defer Until	Duration

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd

50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Start for any grade of reaction.

☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd

20 mg, intravenous, Once as needed, Hypersensitivity reaction
Start for any grade of reaction.

☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd

10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms

☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd

0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released
Do NOT administer via direct IV injection without dilution.

Give for Grade III - SEVERE/Anaphylaxis Symptoms.