CHILDREN'S HEALTH									
PHYO Dihydroergotamine (DHE CMC85190-001NS Rev. 4/2021 Infusion Therapy Plan)								
Baseline Patient Demographic									
To be completed by the ordering provider.									
Diagnosis:kg Body Surface Area: (m ²)									
NKDA - No Known Drug Allergies Allergies:									
Therapy Plan orders extend over time (several visits) including recurring	treatment.								
Please specify the following regarding the entire course of therapy:									
Duration of treatment: weeks months	l	Inknown							
Treatment should begin: as soon as possible (within a week)									
**Plans must be reviewed / re-ordered at least annually. **									
ORDERS TO BE COMPLETED FOR EACH THERAPY									

ADMIT ORDERS

Height and weight

Vital signs

Obtain vital signs and pain score upon admission.

Hypotension Defined Admit

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO

Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)

Pregnancy test, urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonodotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Treatment Conditions

Physician Communication Order

Contraindications for DHE Administration: Positive Pregnancy Test - Report of Pregnancy - Use of any Triptan medication in the past 24 hours - use of intransal Migranal within the past 24 hours - current use of protease inhibitors, antifungal or macrolide antibiotics (excluding azithromycin)



PHYO CMC85190-001NS Rev. 4/2021 Dihydroergotamine (DHE) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

□ lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 \Box when immediate procedure needed \Box when procedure will take about 1 minute \Box patient / family preference for procedure Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets $\leq 20,000$, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

Patient Name: _

□ lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

☐ lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface

□ lidocaine with transparent dressing 4% kit

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Heparin flush

heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

Sodium chloride flush

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preserative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE

Vital signs

Once IV in place, monitor vital signs (Blood Pressure (BP), respirations, pulse) every 10 minutes for the first 30 minutes then every 30 minutes.

Key: BP = blood pressure; cm = centimeter; DHE = dihydroergotamine; HCG; gonadotropin chorionic; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / I = milliosmole per liter; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP; = systolic blood pressure; STAT = immediately

Page 2 of 5



PHYO CMC85190-001NS Rev. 4/2021

Dihydroergotamine (DHE) Infusion Therapy Plan

Patient	Name:

Date of Birth:

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED **Mursing Communication** Stop DHE infusion and call ordering provider for the following: Systolic Blood Pressure (BP) > 160 or diastolic Blood Presure (BP) > 95, chest pain, persistent nausea, worsening headache. Select the appropriate medication(s) below; sodium chloride 0.9% for fluid bolus infusion INTERVAL: Once DEFER UNTIL: For 1 dose, administer over 90 minutes NS bolus (maximum 1,000 mL): < 50 kg: 20 mL / kg > 50 kg: 1,000 mL Dose: _ ondansetron RTA infusion **INTERVAL: Once** DEFER UNTIL · For 1 dose, ready to administer by IV infusion over 2 - 5 minutes, give 30 minutes prior to DHE. Ondansetron: < 12 y.o. = 4 mg > 12 y.o. = 8 mg Dose: _ ketorolac RTA infusion **INTERVAL:** Once DEFER UNTIL: For 1 dose, Ketorolac: 0.5 mg / kg (maximum 30 mg) Dose: DEFER UNTIL: prochlorperazine tablet **INTERVAL:** Once For 1 dose, Prochlorperazine oral tablet: < 50 kg = 5 mg> 50 kg = 10 mg Dose: **INTERVAL:** Once valproate in NS infusion DEFER UNTIL: For 1 dose, ready to administer over 15 minutes. Valproic acid (Maximum dose 1,000 mg) < 50 kg = 10 mg / kg > 50 kg = 1,000 mg Dose: □ dihydroergotamine in sodium chloride 0.9% 100 mL infusion INTERVAL: Once DEFER UNTIL: _ Intravenous, at 100 mL / hr, Once, starting 0.5 hours after treatment start time, for 1 dose. Administer over 1 hour. Start 30 minutes after ondasetron. DHE dose: 6 - 9 years old - 0.1 mg 10 - 13 years old = 0.2 mg 14 - 17 years old = 0.3 mg Dose: diphenhydrAMINE injection **INTERVAL:** Once **DEFER UNTIL:** INTRAVENOUS, ONCE PRN, to be given if headache does not improve after DHE infusion, for 1 dose Diphenhydramine: 1 mg / kg (maximum 50 mg) Dose: **Therapy Appointment Request** Please select department for the therapy appointment request: Expires in 365 days Dallas Special Procedures Delano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology



PHYO CMC85190-001NS Rev. 4/2021

Dihydroergotamine (DHE) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

รเ	SUPPORTIVE MEDICATIONS								
J	Physician Communication Order Dosing for additional as needed medications: Metoclopramide: 0.2 mg / kg (maximum 10 mg) Promethazine 0.25 - 1 mg / kg (maximum 25 mg) Dipenhydramine: 1 mg / kg (maximum 50 mg)								
	metoclopramide tablet ORAL, ONCE PRN, for nausea not controlle Dose:		DEFER UNTIL:, for 1 dose Metoclopramide: 0.2 mg / kg (maximum 10 mg)						
	promethazine tablet ORAL, ONCE PRN, for severe nausea, for Dose:		DEFER UNTIL: ng / kg (maximum 25 mg)						
	diphenhydrAMINE injection ORAL, ONCE PRN, for extrapyramidal sync Dose:		DEFER UNTIL: ine 1 mg / kg (maximum 50 mg)						

Patient Name: Date of Birth:

EMERGENCY MEDICATIONS

☑ Nursing communication

- 1. Hives or cutaneous reaction only no other system involvement PATIENT IS HAVING A DRUG REACTION:
 - a. Stop the infusion
 - b. Give diphenhydramine as ordered
 - c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
 - d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
 - e. Notify provider for further orders
- 2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is Defined as Follows:

- 1 month to 1 year systolic blood pressure (SBP) less than 70
- 1 year to 11 years systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years systolic blood pressure (SBP) less than 90
- OR any age systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

□ EPINEPHrine Injection Orderable For Therapy Plan (AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _

Page 4 of 5



PHYO CMC85190-001NS Rev. 4/2021

Dihydroergotamine (DHE) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

Cardio / Respiratory Monitoring

Rationale for Monitoring: High risk patient (please specify risk)

Clinically significant cardiac anomalies or dysrhythmias

- □ Recent acute life-threatening event
- □ Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- □ Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):
Heart rate
Oxygen saturation
Respiratory rate

Telemetry Required:
Yes No
No

diphenhydrAMINE injection

1 mg / kg, Intravenous, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day. **Dose:**

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose:

POST - PROCEDURE

☐ Vital signs

Obtain vital signs and pain score prior to discharge.

□ Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD. Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion

Intravenous at 0 - 25 mL / hour, ONCE, for 1 dose. Dose:

Signature of Provider

Printed Name of Provider

Patient Name: ____

Date of Birth: _

Key: BP = blood pressure; cm = centimeter; DHE = dihydroergotamine; HCG; gonadotropin chorionic; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / I = milliosmole per liter; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP; = systolic blood pressure; STAT = immediately

(circle one): MD DO

Credentials

Date

Time