

## **Guideline for the Management of Allergic Reactions to Anti-cancer Drugs in Adults**

### **Version History**

<b>Version</b>	<b>Summary of change</b>	<b>Date Issued</b>
Version 1	Endorsed by the Governance Committee	19.03.07
1.1	Prepared for review	21.08.08
1.1	Reviewed by Elaine Spellman on behalf of the Chemotherapy NSSG	06.10.08
1.1	Approved by the Chemotherapy NSSG	10.11.08
1.1	Prepared for Governance Review process	11.12.08
1.1	Tabled at Governance Guidelines Review Meeting – requires consultation by resus training officer	21.01.09
1.1	Circulated to Julie Lawrence (GHH) for resus input	26.01.09
1.2	With additions of flow charts (since removed)	24.08.09
1.3	Management of severe reactions removed – directed to trust policy. For review by the Chemo NSSG and oncologists. Staff asked to refer to resus officers.	23.06.10
1.3	Re-circulated to lead nurses with request to check with resus officers.	08.07.10
1.4	With comments from Dr. Doyle (UHBFT)	27.07.10
1.5	With Comments from the Walsall resus team	28.07.10
1.6	With comments from HEFT (Robin Davies)	18.08.10
1.7	With comments from SWBH resus lead	20.08.10
1.8	Following consultation with the chemotherapy NSSG.	23.08.10
1.9	Following hydrocortisone dose query 4.1c changed with advice from Sue Whitmarsh, Peter Doyle and Jamie Coleman.	
2.0	Approved at Sub Group.	21.09.10

<b>Date Approved by Network Governance</b>	September 2010
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<b>Date for Review</b>	September 2013
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### **Changes between version 1 and version 2**

*Management of severe reactions removed, guidance points to local' Trust policy for anaphylaxis.*

## 1 Scope of the Guideline

This guidance has been produced to support the following:

- The prevention of hypersensitivities and allergic reactions to high risk drugs.
- The detection and management of hypersensitivities and allergic reactions.

## 2 Background

Anaphylaxis is a rapid and often life threatening reaction that may be precipitated by many chemotherapy drugs. A number of the new generation anti-cancer treatments are known to induce severe hypersensitivities. A consistent approach across the Pan Birmingham Cancer Network to the management of these is recommended and described within this guidance.

## Guideline Statements

### 3 All Patients

- 3.1 All patients should be provided with verbal information on hypersensitivities or other signs of allergic reaction (see 3.3) and asked to report them as soon as they occur.
- 3.2 Prevention of reactions to drugs that are known to cause hypersensitivities:
- Administer regimen specific prophylactic management as prescribed.
  - For known carboplatin sensitivities administer the protocol for the desensitisation as per local guidelines.
- 3.3 Early detection of reactions:  
Monitor patient consistently throughout infusion for the following signs:
- Light-headedness / 'feeling strange', unwell or nauseous
  - Rashes particularly urticarial in nature
  - Facial flushing
  - Loin pain / abdominal cramping
  - Bronchospasm / breathlessness/swelling or tightness in mouth or throat
  - Rapid or involuntary emptying of bowel and / or bladder
  - Pallor, low blood pressure, low oxygenation
  - Throat & tongue swelling / hoarse voice

### 4 Management of Reactions

#### 4.1 Mild to moderate reactions

In the case of **mild to moderate** reactions (including rashes, loin pain)

- Stop the infusion but ensure venous access is maintained.
- Administer chlorphenamine 10-20mg im (or slow IV).
- Administer hydrocortisone 100-200mg im (or slow IV) – in exceptional circumstances some patients may require a higher dose.
- Begin regular observation of the patient's vital signs to include blood pressure, pulse, temperature, respirations and monitor oxygen saturations

- and monitor every 5-15 mins.
- e. Consider administration of oxygen as per local guidance
- f. Consider salbutamol nebuliser for bronchospasm.
- g. Consider IV fluid challenge as per local guidance
- h. Inform medical staff to review patient and for decision whether to continue or discontinue treatment.
- i. Do not allow the patient to stand up until fully recovered. Standing can precipitate a sudden fall in the patient's blood pressure
- j. precipitate a sudden fall in the patient's blood pressure
- k. If additional cycle of treatment is planned, treat prophylactically.

#### 4.2 Severe reactions

**Anaphylaxis is likely when all of the following 3 criteria are met<sup>2</sup>:**

- a. Sudden onset and rapid progression of symptoms
- b. Life-threatening Airway and/or Breathing and/or Circulation problems
- c. Skin and/or mucosal changes (flushing, urticaria, angioedema)

The following supports the diagnosis:

- d. Exposure to a known allergen for the patient

#### **Remember:**

- a. Skin or mucosal changes alone are not a sign of an anaphylactic reaction.
- b. Skin and mucosal changes can be subtle or absent in up to 20% of reactions (some patients can have only a decrease in blood pressure, i.e., a Circulation problem).
- c. There can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence).

#### **Treat:**

- a. Stop the infusion but ensure venous access is maintained.
- b. Discontinue treatment.
- c. Call for urgent or emergency medical help.
- d. Do not allow the patient to stand up until fully recovered. Standing can precipitate a sudden drop in the patient's blood pressure
- e. **DO NOT** re-start treatment on the same day, or without the advice of an oncologist.
- f. In the event of respiratory & cardiac arrest the management of these should be dealt with in accordance with Resuscitation Council (UK) guidance.

#### 4.4 **Follow the Trust's policy for the management of anaphylaxis**

4.5 In all cases keep the patient informed and record accurately in the patients' medical and (where relevant) nursing notes.

#### 4.6 Untoward Incidents

All untoward incidents arising from the administration of anti-cancer drugs should be dealt with in accordance with the Trust's Clinical Governance Framework.

## Monitoring of the Guideline

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2011/2012 and reviewed in February 2012.

## References

- 1 Brighton and Wood (Eds) 2005 The Royal Marsden Hospital Handbook of Cancer Chemotherapy. Elsevier, London.
- 2 The Resuscitation Council: <http://www.resus.org.uk/pages/reaction.pdf>

## Authors

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**Approval Date of Network Site Specific Group**

Date: August 2010


**Date Approved by the Clinical Governance Committee**

Date: September 2010

## Approval Signatures

**Pan Birmingham Cancer Network Governance Committee Chair**

Name: Doug Wulff



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Date September 2010

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