### GRADED CHALLENGE Guidance Document

Refer to the NM Antimicrobial Stewardship Website at <a href="https://asp.nm.org">https://asp.nm.org</a> under Antimicrobial Resources to find the Allergy Toolkit. Includes: 1) Provider Education: Penicillin Allergy, 2) Cross Reactivity Chart: Beta-lactams, 3) Allergy Risk Assessment and Clinical Pathway, 4) Patient Education: Penicillin Allergy, and 5) Graded Challenge Guidance Document.

#### **Graded Challenge hours of operations:**

M-F 8am to 4pm. Consult the Antimicrobial Stewardship Program (ASP) by paging 5-5955 with each order.

All graded challenge orders must have an Antimicrobial Stewardship representative present during administration. Any order requests where implementation of a graded challenge would occur during off-hours will be processed for administration the following business day.

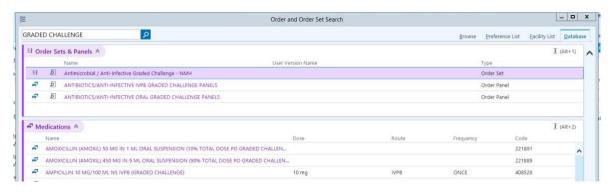
#### **GRADED CHALLENGES**

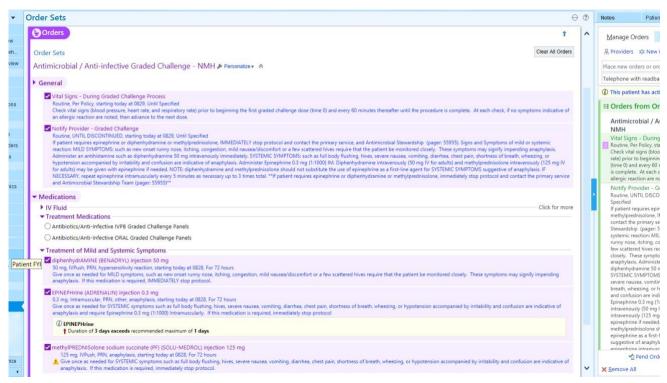
- A. Criteria
  - 1. Recommended to verify penicillin tolerance in non-critically ill in-patients with a **low-risk for a true IgE-mediated** reaction using a  $\beta$ -lactam with a dis-similar R1 side chain. (Refer to the <u>Allergy Risk Assessment and Clinical Pathway</u> in Allergy Toolkit).
  - 2. To decrease the risk for a reaction, the graded challenge will be performed with a different  $\beta$ -lactam class, carrying a dissimilar side chain. (Refer to the <u>Cross Reactivity Chart: Beta-lactams</u> in the Allergy Toolkit).
  - 3. The graded challenge is only used to test a patient's reaction to the challenged  $\beta$ -lactam. Patients do not need to increase their level of care during the graded challenge. Graded challenges may be performed on the general medical floors; no ICU admission necessary.
  - 4. Patient allergy history profiles in EPIC should be updated, indicating tolerance or intolerance to the graded challenge. The graded challenge is not a method of de-labeling the penicillin allergy history.
    - a. Ex. update in EPIC allergy profile: Tolerated ceftriaxone graded challenge on 7.17.19
- B. Order-set process
  - 1. Graded challenge orders in EPIC

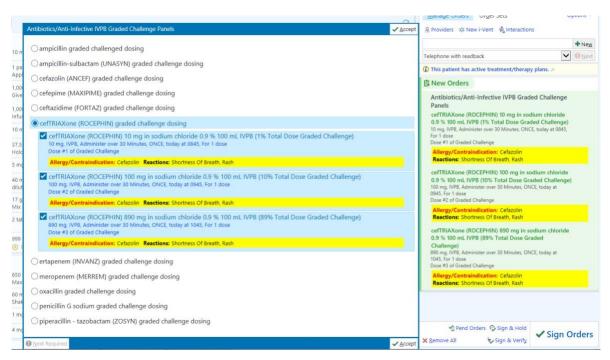
Antimicrobial / Anti-infective Graded Challenge – NMH. (Order Set) ANTIBIOTIC/ANTI-INFECTIVE IVPB GRADED CHALLENGE PANEL (Order Panel) ANTIBIOTIC/ANTI-INFECTIVE ORAL GRADED CHALLENGE PANEL (Order Panel)

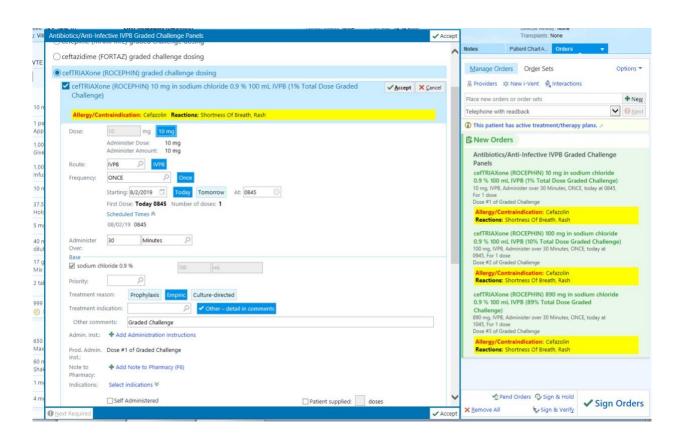
- 2. Emergency medications will be ordered with each  $\beta$ -lactam graded challenge. Medications are available in designated unit Omnicells called: <u>Allergy Test Emergency Kit.</u> If any of the following medications is required, immediately stop test dose protocol.
  - a. EPINEPHrine (ADRENALIN) 1 mg/mL (1:1,000) injection; Dose: 0.3 mg IM ONCE and call Rapid Response
  - b. MethylPREDNISolone sodium succinate (SOLU-MEDROL) injection; Dose: 125 mg IV Push ONCE and call Rapid Response
    - i. Epinephrine and Methylprednisolone are to be used if <u>systemic</u> symptoms during graded challenge administration are experienced that are indicative of anaphylaxis, such as full body flushing, hives, severe nausea, vomiting, diarrhea, chest pain, shortness of breath, wheezing, or hypotension.
  - c. DiphenhydrAMINE (BENADRYL) injection; Dose: 50 mg IV Push PRN for 72 hours if used alone for mild symptoms
    - i. Diphenhydramine is to be used if <u>mild</u> symptoms during graded challenge administration are experienced, such as new onset runny nose, itching, congestion, mild nausea/discomfort, shortness of breath or a few scattered hives. These symptoms may signify impending anaphylaxis, especially if the symptoms occur within minutes of drug administration.

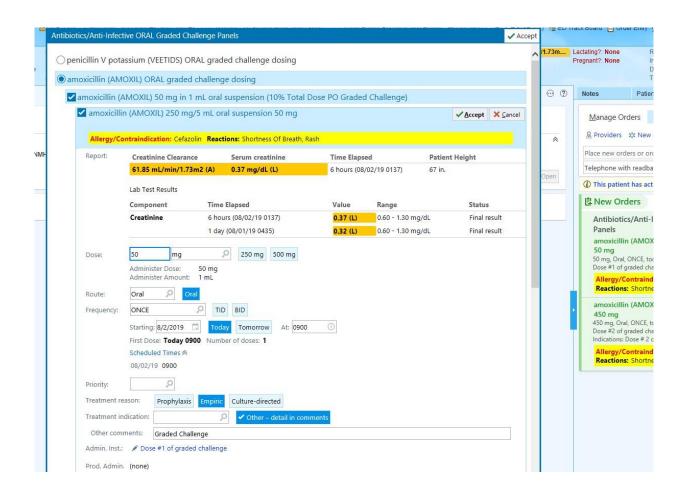
#### 3. Step-by-step order process and screen shots











#### C. Administration

All graded challenge orders must have an antimicrobial stewardship representative present during administration. Graded Challenge hours of operations: M-F 8am to 4pm. Page the ASP pager with each order: 55955

#### 1. IV administration

- a. 4 vitals checks; 60 minute observation periods (includes 30 minute infusion using primary tubing); 180 min total process
- b. Procedure for IV dosing: perform vitals checks and administer doses as shown in the figure below.
  - i. Administer 1% of the dose, then in 30-60 minutes administer 10% of the dose, then in 30-60 minutes administer the remainder of the dose (89%).
- c. Upon completion of the 180min procedure, if no signs of an allergic reaction are observed and vitals are normal, then the graded challenge is complete and the patient can safely receive the full dose of the drug at regularly scheduled intervals as ordered per the team.
- d. Document (in)tolerance in patient allergy history profile



#### 2. PO administration

- a. 3 vitals checks; 60 minute observation periods; 120 min total process
- b. Procedure for PO dosing: perform vitals checks and administer doses as shown in the figure below.
  - i. Administer 10% of the dose, and then in 60 minutes give the remainder of the dose (90%).
- c. Upon completion of the 120 minute procedure, if no signs of an allergic reaction are observed and vitals are normal, then the graded challenge is complete and the patient can safely receive the full dose of the drug at regularly scheduled intervals as ordered per the team.
- d. Document (in)tolerance in patient allergy history profile



## 3. Monitoring

Runny nose	Full body flushing		
Itching	Chest Pain		
Congestion	Shortness of breath/ Wheezing		
Mild nausea/discomfort	Hypotension		
Hives	Confusion		

# **ORAL GRADED CHALLENGES**

Refer to the Graded Challenge Pharmacy Dosing Recipes for preparation details

Antimicrobials Oral suspension/solution	STOCK SOLUTION	Stock Concentration (mg/mL)	10% total dose Syringe 1	90% total dose Syringe 2	
Penicillin VK	500 mg (10 mL)	50	50 mg/1mL	450 mg/9mL	
Amoxicillin	500 mg (10 mL)	50	50 mg/1mL	450 mg/9mL	
Amoxicillin-clavulanate	875 mg (17.5 mL)	50	87.5 mg/1.75mL	787.5 mg/15.75mL	
Cephalexin (1 <sup>st</sup> gen) (Keflex)	500 mg (10 mL)	50	50 mg/1mL	450 mg/9mL	
Cefuroxime (2 <sup>nd</sup> gen) (Ceftin)	<b>2<sup>nd</sup> gen)</b> 500 mg (10 mL)		50 mg/1mL	450 mg/9mL	
Cefixime (3 <sup>rd</sup> gen) (Suprax)	400 mg (20 mL)	20	40 mg/2mL	360 mg/18mL	

# **IV GRADED CHALLENGES**

Refer to the Graded Challenge Pharmacy Dosing Recipes for preparation details

IV Antimicrobials	STOCK BAG (empty viaflex, TV bag)		Diluent	Final Conc. Stock Bag	1% total dose Bag 1	10% total dose Bag 2	89% total dose Bag 3
Ampicillin	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Amp-sulbactam	1500 mg	TV 100 mL	NS	15 mg/mL	15 mg/100mL	150 mg/100mL	1335 mg/100mL
Cefazolin	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Cefepime	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Ceftazidime	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Ceftriaxone	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Ertapenem	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Meropenem	1000 mg	TV 100 mL	NS	10 mg/mL	10 mg/100mL	100 mg/100mL	890 mg/100mL
Oxacillin	1 gram	TV 100 mL	NS	0.01 g/mL	0.01 g/100mL	0.1 g/100mL	0.89 g/100mL
PCN G -K	1 Million Units (Mu)	TV 100 mL	NS	0.01 Mu/mL	0.01 Mu/100mL	0.1 Mu/100mL	0.89 Mu/100mL
Pip-tazobactam	3.375 gram	TV 100 mL	NS	0.0338 g/mL	0.0338 g/100mL	0.3375 g/100mL	3.003 g/100mL

TV = Total Volume; NS = Normal Saline (0.9% Sodium Chloride)