

# ANAPHYLAXIS/EXTRAVASATION MEDICAL CONSENT PRESCRIPTION FORM

Please print out three copies of this form, post the signed and dated original to your regional Bupa office, keep one for the patient file and send one to the patient's GP.

Bupa Home Healthcare (Oncology Service), Scimitar Park, Roydon Road, Harlow, Essex CM19 5GU  
Fax: 0845 8888 368 or 01279 456717 Tel: 0800 082 5021

## PATIENT DETAILS

First name Mr/Mrs/Ms/Miss/Master	
Surname	
Address	
	Postcode
Telephone	Mobile
Date of birth	
NHS number	
Hospital number	
Order number	

## REFERRING HOSPITAL

Consultant name	
Hospital	
Address	
	Postcode

## ALLERGIES

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This standard medical consent prescription form provides the authorisation for Bupa Home Healthcare nurses to administer, in case of **anaphylactic reaction/hypersensitivity** or **extravasation**, the following treatment/s to all patients being administered **IV therapy(s)**.

## ANAPHYLAXIS/HYPERSENSITIVITY

Drug	Dose	Quantity	Route
<b>In event of anaphylaxis</b>			
Adrenaline 500mcg/0.5ml (1:1000-1mg/ml)	500mcg/0.5 ml (1:1000-1mg/1ml) Repeat after 5 minutes if no clinical improvement	2	Intramuscular injection
<b>In the event of hypersensitivity</b>			
Chlorpheniramine 10mg	10mg in 10mls sterile water for injection	2	Slow intravenous injection
Hydrocortisone 100mg	100mg in 2mls sterile water for injection	2	Slow intravenous injection
Oxygen	40-100% 10-15 litres per min	2	Be given via oxygen mask for inhalation

## EXTRAVASATION

Drug	Dose	Quantity	Route
<b>In the event of an extravasation of a vinka alkaloid or taxane</b>			
Hyaluronidase 1,500 international units (I.U.)	1,500 IU diluted in 2mls water for injection	1	Subcutaneous injection
<b>In the event of an extravasation of an anthracycline, Mitomycin-C or Mitoxantrone</b>			
Dimethyl Sulfoxide 98%	98% - Topical Liquid Solution 10ml	1	Topical application - <i>Application dependent on extent of extravasation injury</i>
<b>In the event of an extravasation of other vesicants / exfoliants / irritants / inflammitants</b>			
Hydrocortisone Acetate 1% ww	1% - 15g tube	1	Topical application - <i>Application dependent on extent of extravasation injury</i>

## FLUSHING CHART - please supply the following each cycle up to a maximum of 6 cycles

Drug	Dose	Quantity <i>(please specify)</i>	Route
Sodium Chloride 0.9% 5ml	5ml flush To ensure VAD patency		Intravenous flush
Heparin Sodium 50 IU in 5ml ampoules	50 IU/5ml flush For flushing indwelling cannula/catheter		Intravenous flush
Sodium Chloride 0.9% 500ml	500ml flush For flushing in between drugs		Intravenous infusion
Glucose 5% 500ml	500ml flush For flushing in between drugs		Intravenous infusion

I, the referring **Doctor / Consultant / independent prescriber** authorise **Bupa Home Healthcare** nurses to administer the above treatments in case of anaphylaxis/hypersensitivity or extravasation and in caring for peripheral and indwelling cannula's.

Print name \_\_\_\_\_ Date \_\_\_\_\_

Doctor/Consultant/  
independent prescriber signature \_\_\_\_\_

Qualification or GMC number \_\_\_\_\_

**For internal use only**  
**Prescription screened by** \_\_\_\_\_

Pharmacist's signature \_\_\_\_\_

Date \_\_\_\_\_