Practice Standard: When to Send an Anaphylaxis Response Kit for Patients Infusing Medications at Home

Introduction

The practice standards of NHIA represent a consensus of professional judgment, expert opinion, and documented evidence. They provide guidance and direction to NHIA members and other audiences who affect the home infusion industry, and the patients served. Their use may help to comply with federal and state laws and regulations, meet accreditation requirements, and improve patient care. They are written to establish reasonable goals, to be progressive and challenging, yet attainable as best practices in applicable home or alternate site settings. They should not be viewed as NHIA requirements. The use of NHIA's practice standards by members and other practitioners should be assessed and adapted based on independent judgment.

Purpose

The purpose of ensuring an anaphylaxis response kit is available is to minimize serious adverse events, prevent unplanned hospital or emergency visits, and avoid disruptions in treatment. Anaphylaxis is a severe, rapid-onset allergic reaction that can progress to airway compromise, hypotension, or shock[1,2]; drug-induced anaphylaxis can occur through any route of exposure and progress within minutes.

Clinicians are responsible for participating in the decision-making process of ensuring a patient has an anaphylaxis response kit, as outlined in *Practice Standard for Anaphylaxis Kit Medication Selection* NHIA has developed this practice standard to help clinicians assess situations and determine when an anaphylaxis response kit is needed.

Practice Standard Development Procedure

An area of practice was identified where information and direction are necessary to promote general standards and quality. The topic of determining when an anaphylaxis response kit is needed has generated a need among practitioners for authoritative advice. There was sufficient experience upon which to base a practice standard and it was relevant to the practice of a significant portion of NHIA's members. The NHIA Quality and Standards Committee, comprised of home infusion professionals, performed a comprehensive review of available evidence. Committee members who are clinical and research experts collaborated on the topic, reviewing industry trends and other data sources such as membership, community, best practices, industry research, review of published literature, or other practice guidelines. A draft practice standard was developed and reviewed by the committee members, and revisions to the draft were incorporated based on consensus. A formal draft of the practice standard was presented for public comment. At the close of the comment period, the committee reviewed the commentary and proposed revisions. The committee made recommendations prior to being finalized and approved.

Target Audience

The target audience includes clinicians, regulatory agencies, reimbursement professionals, and industry stakeholders.

Practice Standard for Providing an Anaphylaxis Response Kit

Situations where ensuring a patient has an anaphylaxis response kit is strongly recommended in the home and alternate site settings:

- Administration of a first dose of any medication.
    - *Example situation:* A first lifetime dose of any medication has the potential for causing an anaphylactic reaction.
- Medications for which prescribing information or peer-reviewed studies indicate a risk or warning for anaphylaxis.

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  - *Example situation:* IVIg, biologics, iron products, chemotherapy, monoclonal antibodies.[3]
- Medications with known cross-reactivity to a patient's prior drug allergy.
  - *Example situation:* A patient with a penicillin allergy receiving a cephalosporin.
- Factors which can increase the severity of anaphylaxis
  - *Example situation:* Coexisting asthma or mast cell disorder and history of a previous drug allergy.[1]

Situations when a clinician should consider providing an anaphylaxis response kit in the home and alternate site settings:

- Limited patient access to emergency services.
  - *Example situation:* A patient in a rural area with an extended EMS response time.

Comments/Contact: NHIA welcomes feedback and suggestions for content to incorporate into future revisions and editions. Contact: standards@nhia.org.

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References

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3. Baldo, Brian. Adverse events to monoclonal antibodies used for cancer therapy: Focus on hypersensitivity responses. OncoImmunology. 2013;2(10):e26333-1–e26333-15. doi:10.4161/onci.26333

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