

RESPIRATORY POLICIES AND PROCEDURES

SUBJECT: ADVERSE DRUG REACTIONS

POLICY:

To provide guidelines for intervention in the event an adverse drug reaction (ADR) occurs in a patient/resident before, after, or while receiving a therapeutic or diagnostic treatment.

To provide a course of action for the practitioner to follow in the event the patient/resident experiences an adverse reaction.

DESCRIPTION:

Adverse drug reactions are the unfavorable side effects caused by drugs which are recognized before, during, or after therapeutic/diagnostic procedures are administered.

PROCEDURES:

1. The practitioner shall be knowledgeable of all respiratory therapy drugs which he/she administers. If an unfamiliar drug is encountered, the practitioner shall reference appropriate drug reference materials for drug information to include dosage ranges, routes of administration, side effects, cautionary statements, warnings, hazards, contraindications, and potential complications.
2. The practitioner shall provide pertinent information regarding the patient's/resident's ADR to the nursing personnel responsible for the patient's/resident's care.
3. All adverse reactions shall be reported to the attending physician and recorded in the medical record.
4. Personnel administering drugs shall monitor the patient/resident before, after and during therapeutic/diagnostic procedures for adverse reactions.
5. The Adverse Drug Reaction Report shall be completed per facility protocol.
6. When administering therapy and the patient/resident exhibits any symptoms, which may be indicative of an adverse reaction, the practitioner shall:
 - A. Stop therapy, unless otherwise contraindicated
 - B. Observe vital signs, subjective symptoms, level of consciousness and the patient's/resident's reactions. Watch for an increase in heart rate of 20 or more beats per minute over the baseline heart rate, appearance of an irregular pulse during the course of the treatment, increase in blood pressure more than 20 mm systolic over baseline level, significant increase in dyspnea or work of breathing, and patient/resident complaints of nausea, paresthesia and/or dizziness, or headache.
 - C. Initiate emergency intervention as appropriate:
 - 1) **Hypoxia/Dyspnea**
 - a) Notify nurse and physician of situation.
 - b) Initiate oxygen therapy per standing orders.
 - c) Recommend oxygen saturation reading and/or ABG to assess oxygenation.
 - d) Initiate orders received.

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- 2) **Pneumothorax (without chest tube in place)**
 - a) Discontinue all therapies except oxygen or aerosol therapy.
 - b) If patient/resident is mechanically ventilated, disconnect ventilator and manually ventilate with resuscitation bag.
 - c) Notify nurse and physician of situation.
 - d) Remain with the patient/resident until chest tube is placed and patient/resident stabilizes.

- 3) **Drug-Induced Tachycardia**
 - a) If pulse increases more than 20% from pre-treatment base or more than 120/minute, the practitioner shall initiate the following procedures.
 - b) Suspend therapy with the drug until further direction from physician or medical director.
 - c) Notify physician and nurse.

- 4) **Bronchospasm**
 - a) Discontinue therapy.
 - b) Remain with the patient/resident.
 - c) Notify physician.
 - d) Prepare for endotracheal intubation/mechanical ventilation if necessary.

- 5) **Nausea**
 - a) Suspend therapy for several minutes.
 - 1.) If nausea improves, continue therapy.
 - 2.) If patient/resident still complains of nausea, discontinue therapy.
 - b) Notify physician and nurse.

- 6) **Vomiting**
 - a) Discontinue therapy.
 - b) Stabilize airway.
 - c) Notify physician and nurse.

- 7) **Hemoptysis**
 - a) Discontinue therapy.
 - b) Place patient/resident in semi-Fowler's position if not otherwise contraindicated.
 - c) Notify physician and/or medical director for further action.
 - d) Notify nurse.

- 8) **Hyperventilation**
 - a) Discontinue therapy.
 - b) Locate possible etiology.
 - 1.) Equipment (gas flow, increased sensitivity).
 - 2.) Psychological (anxiety or nervousness)

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- c) Attempt to correct underlying cause.
 - 1.) Adjust equipment parameters accordingly.
 - 2.) Reassure patient/resident.
 - d) After hyperventilation is corrected, resume therapy.
- 9) **Oxygen Induced Hypoventilation**
- a) Assess vital signs and level of consciousness.
 - b) Remain with the patient/resident.
 - c) Notify physician and nurse.
 - d) Be prepared to assist with mechanical ventilation, if necessary.
- 10) **Respiratory Arrest**
- a) Confirm the arrest.
 - b) Call for help.
 - c) Establish an airway by head tilt/chin lift method.
 - d) Evaluate cardiovascular status and reassess respiratory status.
 - e) If patient/resident remains in arrest, begin manual ventilation by bag, valve to mask or mouth to mouth method.
 - f) Be prepared to assist with mechanical ventilation, if necessary.
- 11) **Cardiac/Cardiopulmonary Arrest** (Note: Personnel must follow the facility's code procedure.)
- a) Confirm the arrest.
 - b) Call for help.
 - c) Establish airway.
 - d) Reassess respiratory status and evaluate cardiovascular status.
 - e) Begin cardiopulmonary resuscitation.
 - f) Be prepared to initiate mechanical ventilation, if necessary.
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7. Notify the patient's/resident's attending physician and inform him/her of the reaction and document conversation and new orders.
8. Notify Respiratory Care department manager or immediate supervisor as soon as possible. All adverse drug reactions shall be evaluated.
9. Document in the patient's/resident's medical record a description of the adverse reaction and include the outcome.
- A. Symptom(s)
 - B. Drug or therapy name, dose and adverse reaction
 - C. Action(s) taken
 - D. Time and duration of adverse reaction(s)
 - E. Name of nurse notified
 - F. Name of physician notified