STANDING ORDER

ALLERGIC REACTIONS
(Non-Anaphylactic)

I. ASSESSMENT

A. Obtain medical history of family allergies, previous allergic treatment or testing, when symptoms occur, what makes them better/worse.

B. Assess for localized and systemic reactions to drugs, food, inhalants and materials.

II. MANAGEMENT

A. Eliminate causative substances from environment/diet, if known.

B. Apply hydrocortisone 1% cream BID to hives, rashes if RN feels appropriate, inmate able to KOP.

C. If hives are present or skin rash is easily visible, complains of severe itching, may be given Benadryl 50 mg qid prn x 2 days then refer to provider.

D. For symptoms of seasonal allergies (nasal congestion, red itchy eyes, sinus headache) give Loratadine 10 mg 1 tab point daily prn allergy symptoms x 1 year OR Certrizine 10 mg 1 tab PO daily prn allergy symptoms x 1 year

III. EVALUATION

A. If symptoms worsen after seven days or response is poor to oral medication, contact Facility Provider for instructions.