



Rx Update

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DRUG ALLERGY: TRUE OR NOT?

Allergic reactions are due to a hypersensitive immune system that creates IgE antibodies against a specific substance such as a medication. Allergic reactions to drugs can present as rash, hives, itching, facial swelling, difficulty breathing, hypotension, irregular heartbeat, or potentially fatal anaphylaxis. It is important that patients be accurately labeled as having a drug allergy to avoid receiving the medication or cross-reacting medications in the future.

An allergic reaction must be distinguished from non-immunological events such as side effects and drug interactions. Many patients confuse side effects of medications with true allergic reactions. **It is important to not mislabel someone as being allergic to a medication when they have just experienced a side effect from the medication** such as upset stomach, headache, muscle aches, confusion, or drowsiness. If the patient has been mislabeled as having an allergy to a medication, the patient may not receive the most appropriate therapy in the future because optimal therapy is withheld, ultimately resulting in the prescribing of a potentially less effective, more toxic, and even more costly drug.

Patients are prone to self-diagnosis of drug allergies. It is important that health care professionals investigate and correct mislabeled drug allergies during interviews for their drug history by asking what reaction the patient had to the medication to ensure patients receive optimal therapy.

IV HALOPERIDOL – NEW MONITORING CRITERIA

The IV administration guidelines for haloperidol injection have been updated to reflect new warnings from the FDA. Haloperidol injection has been reported to cause QT prolongation and Torsades de Pointes, especially when the drug is administered intravenously or in higher doses than recommended. The ECG/HR monitoring criteria have been updated to require ECG monitoring for all IV doses of haloperidol as follows:

IV push or Intermittent IV Infusion:

Level II (Continuous ECG monitoring for 2 hours after administration. If the total daily dose is greater than 25 mg, then ongoing continuous ECG monitoring is required.)

Continuous IV Infusion:

Level I (Continuous ECG monitoring. Restricted to use on Critical Care Units and the Burn Unit) for 2 hours after the end of the infusion.

Intramuscular is the preferred route of administration for haloperidol injection and is an alternative option to the IV route if a patient is on a non-monitored unit. The new monitoring criteria can be found in the UIHC Formulary under the haloperidol monograph in the [Nursing IV Medication Administration Guidelines-Adults](#) link.

ACETYLCYSTEINE – ORAL ROUTE

Acetylcysteine 600 mg capsules are no longer being manufactured for UIHC. Acetylcysteine 20% inhalation solution (Mucomyst®) may be used orally as an alternative dosage form. To minimize the taste and stomach upset, the 20% (200 mg/ml) solution should be diluted to a 5% (50 mg/ml) concentration with a beverage (e.g., soft drink or juice) just prior to administration. The diluted solution should be used within one hour of preparation. If a gastric tube is being used, water can be used as the diluent since the solution's taste is not an issue. As an example, for a 600 mg dose, 3 ml of the 20% solution (200 mg/ml) would be diluted to at least 12 ml (~ 1 tablespoonful) with a beverage.