

Hypersensitivity Kit

Patient Sticker

PATIENT CHARGE AND INVENTORY SHEET

Staff Signature: _____

Location/Dept: _____

Date: _____

Nursing Staff:

- **Acute Care Locations:** Notify Acute Care Pharmacy immediately if tamper evident bag is broken. Send completed patient charge sheet to pharmacy for billing and kit replacement.
- **Off-Site Locations:** Order replacement kit from AMP Pharmacy via PeopleSoft (PS) or SpendBridge (SB). Document administered medication in the MAR for charging. Do NOT send PHI to AMP Pharmacy.

Qty Used (to be charged)	Stocked Qty	PS or SB Item #	DRUG#	GENERIC NAME
	1	Medline 800117	N/A	Aerochamber (MDI Spacer) **If nebulizer unavailable**
	1	791045	10670	Albuterol 90 mcg MDI, 8 gm **If nebulizer unavailable**
Hypersensitivity Kit Contents				
			10701	Albuterol 2.5mg/3mL (0.083%) Solution for nebulization x 4
			01379	diphenhydrAMINE 50mg/mL, 1mL Single Dose Vial x 2
			01073	EPINEPHrine 1:1,000 (1 mg/mL) universal intraMUSCULAR kit x 1
			05009	methylPREDNISolone sodium succinate (Solu-Medrol) 125mg/2mL Vial x 2
				Additional supplies: <ul style="list-style-type: none"> 23-gauge, 1 inch Eclipse needle x 2 22-gauge, 1.5 inch Eclipse needle x 3 3 mL syringe x 4 Alcohol prep pad x 4 Hypersensitivity protocols (Adult and Pediatric)