



TITLE

PRURITUS DUE TO ACUTE URTICARIA (HIVES)

SCOPE

Provincial: Emergency Departments and Urgent Care Centres

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- This Protocol is intended for all **patients** who present to an Emergency Department (ED) or an Urgent Care Centre (UCC) with pruritus due to acute urticaria (hives).
- To assist **health care professionals** when implementing specific diagnostics, therapeutics, and interventions for patients, prior to the initial Physician or Nurse Practitioner (NP) assessment.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 The health care professional shall immediately notify the Physician or NP of any patient who is hemodynamically unstable.
- 1.2 Hives may accompany some potentially life-threatening disorders, including angioedema and anaphylaxis.
 - a) For suspected anaphylaxis, do not follow this Protocol. Instead, refer to *AHS Anaphylaxis Management: Administration of Intramuscular Epinephrine Policy*.

- 1.3 This Protocol may be implemented by a health care professional when:
- a) there is a delay in Physician or NP initial assessment; and
 - b) the patient is in an appropriate location to manage ongoing assessment and reassessment.
- 1.4 Second generation H1-antihistamines such as cetirizine have shown to have improved potency, efficacy, and fewer sedating side effects than first generation H1-antihistamines such as diphenhydramine.
- a) If available, the use of cetirizine is preferred for the treatment of pruritus due to hives.
 - b) If cetirizine is not available, diphenhydramine may be considered.
 - c) Route of administration shall be oral, or via gastric tube for those patients ordinarily fed via this route.
 - d) Weigh or use a length-based resuscitation tape measure for all pediatric patients.
 - (i) Reported weights are not accepted.
- 1.5 An **order** from an **authorized prescriber** is not required for administration of cetirizine or diphenhydramine when administered as outlined in this Protocol.

2. Inclusion Criteria

- 2.1 This Protocol applies to patients presenting with pruritus due to acute urticaria (hives) only.

3. Exclusion Criteria

- 3.1 Any one (1) of the following are exclusion criteria:
- a) patient is less than two (2) years of age;
 - b) patient is 65 years of age or greater;
 - c) any evidence of airway compromise, including swelling to tongue, mouth, or face;
 - d) any evidence of respiratory involvement including wheezing or increased work of breathing;
 - e) known pregnancy;
 - f) breastfeeding;
 - g) known or potential renal or hepatic impairment;

- h) concurrent use of sedating substance (e.g., alcohol, anti-anxiety medications, sleep aids, prescription analgesics); or
- i) administration of any antihistamine in the last 24 hours.
 - (i) A patient-specific order from an authorized prescriber is required for the additional administration of an antihistamine.

4. Medication Exclusions

- 4.1 The health care professional shall not administer cetirizine to patients with a known allergy to cetirizine.
- 4.2 The health care professional shall not administer diphenhydramine to patients with a known allergy to diphenhydramine.

5. Assessment

- 5.1 A complete patient assessment is required. The health care professional shall obtain a full set of vital signs including blood pressure, temperature, pulse, respiratory rate, and oxygen saturation (refer to the AHS *Assessment and Reassessment of Patients* Guideline [ESCN]).
- 5.2 Frequent patient reassessment by a health care professional is important as rapid or continued progression of symptoms would be indicative of a more serious allergic reaction and may require urgent medical assessment.
 - a) Notify the Physician or NP if patient symptoms worsen.
- 5.3 If the patient leaves prior to Physician or NP assessment, the health care professional shall notify the Physician or NP and document as per site process.

6. Medication Administration

- 6.1 In accordance with the AHS *Consent to Treatment/Procedure* Policy, the AHS *Medication Administration* Policy, and Section 4 above, the health care professional may administer one (1) of the following medications:
 - a) cetirizine (preferred):
 - (i) Adult: 10 milligrams (mg) orally once.
 - (ii) Pediatric:
 - two (2) to five (5) years of age: Five (5) mg orally once; or
 - six (6) years of age or older: 10 mg orally once.
 - b) diphenhydramine (where cetirizine is not available or is excluded):
 - (i) Adult: 50 mg orally once.

(ii) Pediatric:

- One (1) mg/kilogram (kg) to a maximum of 50 mg orally once; or
- **Dose banding** as per current site process.

7. Reassessment

7.1 The health care professional shall reassess the patient, including a set of vital signs measures (heart rate, respiratory rate, blood pressure, temperature) within 30 minutes of receiving the medication.

- a) If drowsiness occurs, patients must be advised not to drive or operate machinery and to avoid concurrent use with any sedating substances.

8. Documentation

8.1 The patient's health care professional shall document on the patient's **health record**:

- a) implementation of this Protocol;
- b) assessments, including allergies;
- c) intervention/treatments, including medication administration;
- d) patient's responses to intervention/treatments; and
- e) reassessments.

8.2 Medication orders shall be written/entered on the patient's health record and attributed as per Protocol.

8.3 The patient's health care professional who administered the medication shall document medication administration in accordance with the AHS *Clinical Documentation Directive* and the AHS *Clinical Documentation Process Directive*.

DEFINITIONS

Authorized prescriber means a health care professional who is permitted by federal and provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

Dose banding means a system whereby drug doses that are calculated by any method are grouped and rounded to a set of predefined doses for the convenience of the 'users'. Each series of consecutive dose(s) is called a 'band', with the dose to which they are rounded towards being the 'banded dose.'

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope or role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and/or electronic), verbal, by telephone, or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Anaphylaxis Management: Administration of Intramuscular Epinephrine* Policy (#HCS-223)
 - *Assessment and Reassessment of Patients* Guideline (ESCN) (#HCS-181-01)
 - *Clinical Documentation Directive* (#1173)
 - *Clinical Documentation Process Directive* (#1173-01)
 - *Consent to Treatment/Procedure(s)* Policy (#PRR-01)
 - *Medication Administration* Policy (#HCS-244)
- Non-Alberta Health Services Documents:
 - *Acute Urticaria* (DynaMed)
 - *Reactine - Cetirizine Hydrochloride Tablets* (Product Monograph, McNeil Consumer Healthcare, Division of Johnson & Johnson Inc.)

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