Hypersensitivity Reactions

Priming practice change to reduce incidence in first-dose rituximab treatment

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BACKGROUND: Strategies to reduce hypersensitivity reaction (HSR) incidence with rituximab include premedications and slow titration. Literature is lacking on the priming method used when preparing rituximab IV lines and the potential impact on HSR incidence.

OBJECTIVES: The primary objective is to evaluate HSR incidence in titrated first-dose rituximab infusions when priming IV lines with rituximab, as compared to priming with diluent.

METHODS: A retrospective, comparative, descriptive study with two arms (rituximab- versus diluent-primed) was conducted. Variables were HSR incidence in relation to priming method, age, sex, diagnosis, and premedications. For patients with HSR, severity, time to onset, and infusion rate were examined.

FINDINGS: HSR incidence was significantly higher in the diluent- versus the drug-primed arm. Other significant findings included higher HSR incidence in women and lower HSR incidence in patients premedicated with dexamethasone.

KEYWORDS
rituximab; cytokine release syndrome; priming; hypersensitivity reaction; IV lines

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