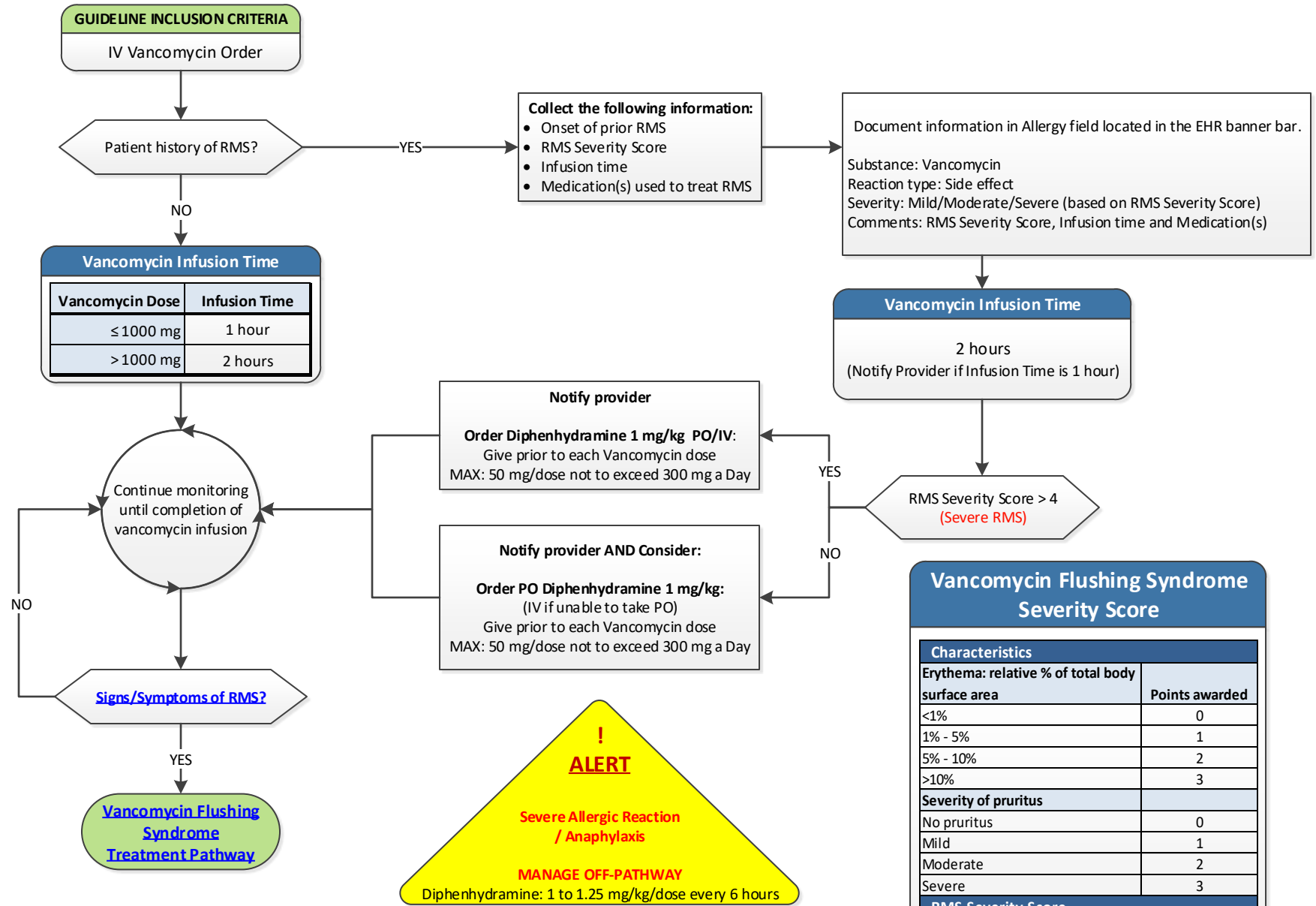


Vancomycin Flushing Syndrome Syndrome Prevention Pathway

Evidence Based Outcome Center



Vancomycin Infusion Time	
Vancomycin Dose	Infusion Time
≤1000 mg	1 hour
>1000 mg	2 hours

Vancomycin Flushing Syndrome Severity Score	
Characteristics	
Erythema: relative % of total body surface area	Points awarded
<1%	0
1% - 5%	1
5% - 10%	2
>10%	3
Severity of pruritus	
No pruritus	0
Mild	1
Moderate	2
Severe	3
RMS Severity Score	
Erythema + pruritis score	Reaction severity
0	No reaction
1 - 2	Mild
3 - 4	Moderate
5 - 6	Severe

!
ALERT

Severe Allergic Reaction / Anaphylaxis

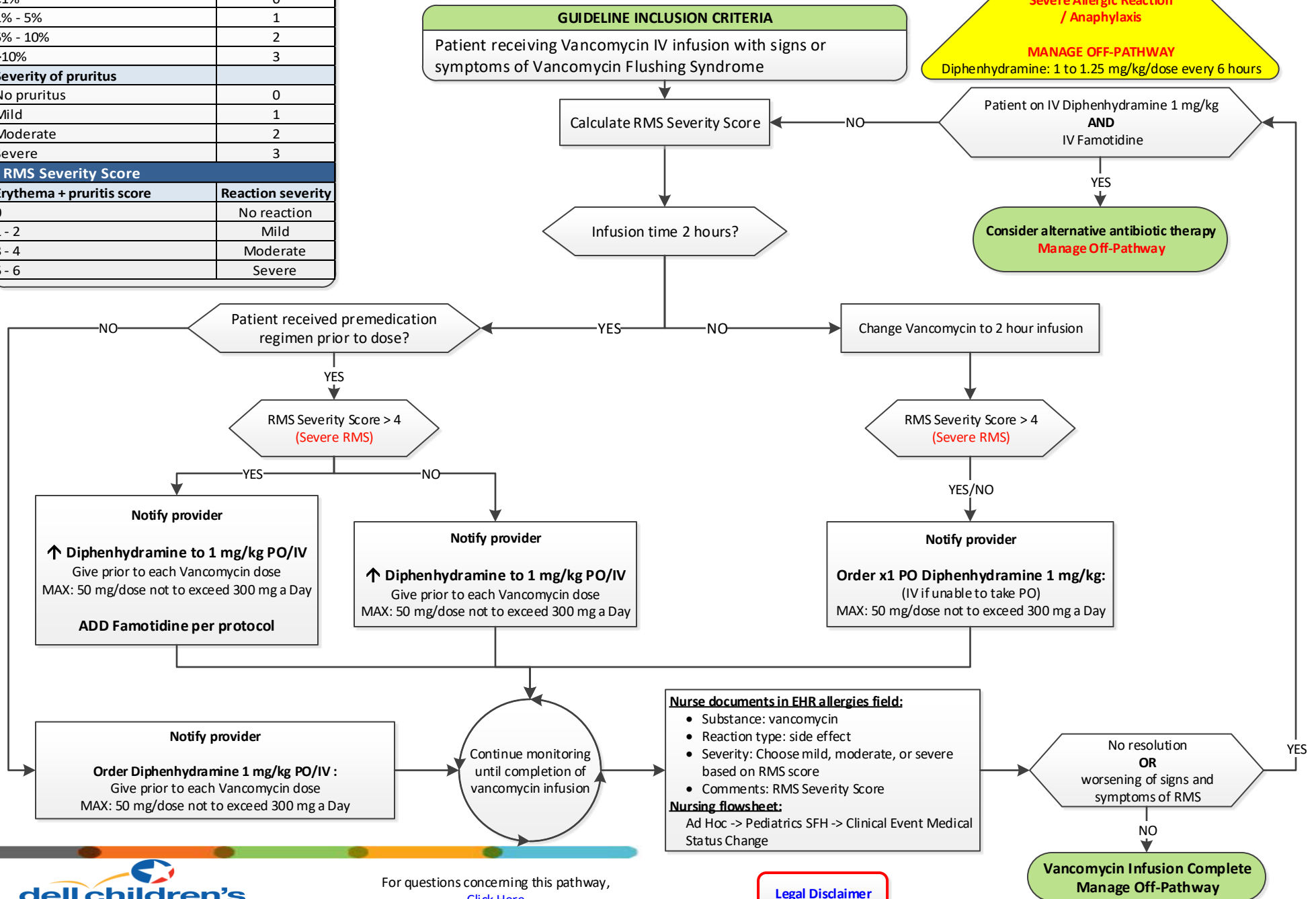
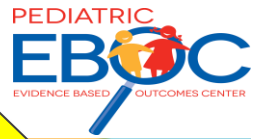
MANAGE OFF-PATHWAY

Diphenhydramine: 1 to 1.25 mg/kg/dose every 6 hours

Vancomycin Flushing Syndrome Severity Score

Characteristics	
Erythema: relative % of total body surface area	Points awarded
<1%	0
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5% - 10%	2
>10%	3
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Vancomycin Flushing Syndrome Treatment Pathway Evidence Based Outcome Center



Vancomycin Flushing Syndrome Medications

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Premedication Regimens

Medication	Dose	Max dose	Timing
Diphenhydramine (Do not exceed 300 mg/day from all sources)	0.5 mg/kg/dose (for problematic side effects like sedation)	50 mg/dose	PO: 60-90 minutes prior to vancomycin IV: 0-15 minutes prior to vancomycin
	1 mg/kg/dose	50 mg/dose	
Famotidine	Per protocol	20 mg/dose	

May administer IV if unable to take PO

Vancomycin Flushing Syndrome Signs and Symptoms

Development of any of the following:

- Erythematous rash of the face, neck, and upper torso,
- Diffuse burning sensation/itching with generalized discomfort
- Agitation
- Anxiety

Although RMS is generally mild, more severe symptoms include:

- Hypotension
- Chest pain
- Dyspnea
- Dizziness
- Headache
- Chills
- Fever
- Angioedema
- Cardiovascular collapse

Patients at greatest risk of Vancomycin Flushing Syndrome

- Patients with a previous history of RMS (Subsequent doses may trigger less severe reaction)
- Vancomycin doses > 10 mg/kg or at concentrations > 5 mg/mL
- Prolonged durations of vancomycin therapy (> 7 days)
- Patients > 2 years of age

Vancomycin Flushing Syndrome vs. Anaphylactic Reaction

RMS	Anaphylactic reaction
Occurs anywhere from 15-30 minutes into the infusion to after the infusion has stopped. RMS generally subsides within 30 minutes of infusion discontinuation, whereas severe anaphylactic reactions generally do not	Anaphylactic reactions to IV medications generally occur immediately and can progress rapidly. Symptoms include hives, airway swelling, respiratory distress, and diffuse erythema (vs localized to upper body for RMS)

Vancomycin Flushing Syndrome management tips

- Mild RMS often does not need infusion time changes or premedication. Counseling is sufficient.
- All patients should be assessed for hemodynamic stability if RMS occurs.
- Consult pharmacy if infusion times >2 hours are needed.
- Persistent RMS may warrant desensitization or alternative therapy.

Vancomycin Flushing Syndrome Executive Summary Evidence Based Outcome Center



Revision History

Date Approved: April 2, 2018

Review History: April 10, 2019

Next Review Date: April 10, 2022

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5/17/2021: Changed Name from Red Man Syndrome to Vancomycin Flushing Syndrome.

Recommendations

Practice recommendations were directed by the existing evidence and consensus amongst the content experts. Patient and family preferences were included when possible.

Approval Process

EBOC guidelines are reviewed by DCMC content experts, the EBOC committee, and are subject to a hospital wide review prior to implementation. Recommendations are reviewed and adjusted based on local expertise.

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Vancomycin Flushing Syndrome

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