

# Ensuring Low Rates of Systemic Reactions to Immunotherapy

## The Problem

Systemic reactions (hives, shortness of breath, wheezing, hypotension, and anaphylaxis) are a recognized complication of allergy immunotherapy

## Aim/Goal

To ensure immunotherapy safety for patient care by monitoring systemic reactions to immunotherapy with a goal to be below the benchmark of 0.5 reactions/100 injections given.

## The Team

**Allergy and Inflammation:** Javed Sheikh, MD, and Anna Kovalszki, MD  
Nurses and Staff in Division including: Kathy Corley RN, NP, Debra Codispoti RN, Sheila Mansfield, RN, Kimberly Tsatarones, RN, and Maureen Brennan, RN, Tara Richards, BA

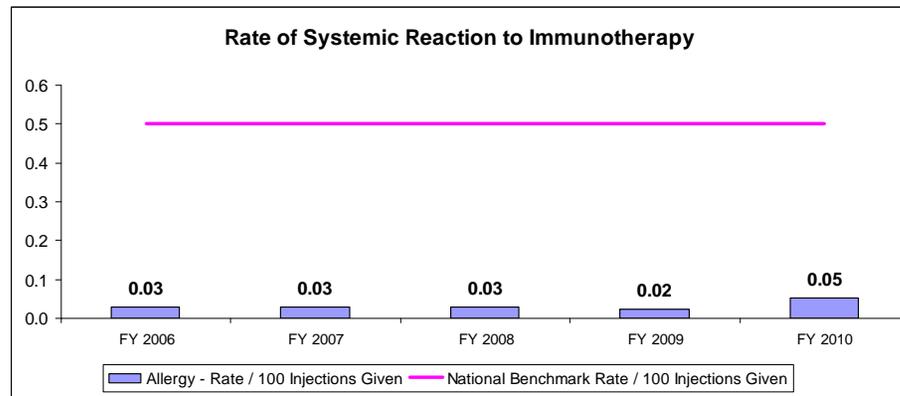
**Medicine QI:** Mark Aronson, MD; Joanne Schulze, BA; Scot B. Sternberg, MS

## The Interventions

- Implemented a systemic reaction form completed by nurses and physicians for any reactions which occur during immunotherapy
- Measure the rate of reactions and compare to national benchmark data
- Patients who have had reactions are reviewed at team meetings which resulted in changing the maximal dose of grass extract we give to patients.
- Nurses are trained to ask questions before administering immunotherapy, such as whether asthma is under control, the patient has stress or a URI, all risk factors for reactions which need to be taken into consideration
- Rates are reviewed once every 6 months and if the rates are increasing, we seek possible explanations and modify our practice accordingly

## The Results/Progress to Date

- Our Systemic Reactions are Below the National Benchmark for 5 years



## Lessons Learned

Ensuring a low rate of reactions improves patient safety, and provides clinical staff with a high level of confidence in the administration of immunotherapy. Having low rates makes us also be able to provide our patients with useful information when deciding whether or not they should choose immunotherapy as part of their treatment with us.

## Next Steps/What Should Happen Next

- Continue to monitor rates of systemic reactions to immunotherapy
- Gather data from nurses/physicians interacting and share ideas
- Discuss adverse reactions and think of possible reasons they've occurred, to impact recurrence in the future



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For More Information Contact

Anna Kovalszki, MD, Division of Allergy and Inflammation  
akovalsz@bidmc.harvard.edu