



Canadian Agency for  
Drugs and Technologies  
in Health

## RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS



**TITLE: Anaphylaxis in Seniors Receiving Intravenous Antibiotics in Long-Term Care: Clinical Evidence and Guidelines**

**DATE:** 30 October 2013

### RESEARCH QUESTIONS

1. What is the clinical evidence regarding the occurrence of anaphylaxis in seniors receiving IV antibiotics for common acute infections in long-term care?
2. What are the evidence-based the guidelines regarding monitoring and administration of IV antibiotics to seniors with common acute infections in long-term care?

### KEY MESSAGE

No relevant technology assessment reports, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, or evidence-based guidelines regarding the occurrence of anaphylaxis in seniors in long term care receiving IV antibiotics or the guidelines for their use were identified.

### METHODS

A limited literature search was conducted on key resources including PubMed, Medline, The Cochrane Library (2013, Issue 10), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were applied. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 01, 2008 and October 24, 2013. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

**Disclaimer:** The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

**Copyright:** This report contains CADTH copyright material and may contain material in which a third party owns copyright. **This report may be used for the purposes of research or private study only.** It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

**Links:** This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners' own terms and conditions.

## **RESULTS**

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No relevant technology assessment reports, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, or evidence-based guidelines regarding the occurrence of anaphylaxis in seniors in long term care receiving IV antibiotics or the guidelines for their use were identified. A reference of potential interest has been provided in the appendix.

## **OVERALL SUMMARY OF FINDINGS**

No relevant literature was found regarding the occurrence of anaphylaxis in seniors receiving IV antibiotics for common acute infections in long-term care or the guidelines regarding monitoring and administration of IV antibiotics, therefore no summary can be provided.

## REFERENCES SUMMARIZED

### Health Technology Assessments

No literature identified.

### Systematic Reviews and Meta-analyses

No literature identified.

### Randomized Controlled Trials

No literature identified.

### Non-Randomized Studies

No literature identified.

### Guidelines and Recommendations

No literature identified.

## PREPARED BY:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

[www.cadth.ca](http://www.cadth.ca)

**APPENDIX – FURTHER INFORMATION:**

**Additional References**

1. Administration of IV antibiotics by CADD pump in long term care (Durham Region) [Internet]. Oshawa (ON): Central East LIHN; 2010 [cited 2013 Oct 29]. Available from: [http://www.centraleastlin.on.ca/uploadedFiles/Home\\_Page/News\\_Rooms/New\\_Clips/11-IPL\\_Poster.pdf](http://www.centraleastlin.on.ca/uploadedFiles/Home_Page/News_Rooms/New_Clips/11-IPL_Poster.pdf)