



Autoimmunity Research Foundation

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To health care providers treating this patient in an emergency situation:

This patient routinely takes Benicar (Olmesartan medoxomil) 40mg every four hours, as part of a clinical study of antibacterials in chronic inflammatory disease. It is essential to continue this dose and schedule of Benicar, even in the presence of hypotension, as abrupt withdrawal can be life-threatening.

This patient is also taking pulsed antibiotics which may provoke a cytokine storm needing ER intervention. Cytokine storm symptoms may include:

- s/sx of impending M.I. (pain, dyspnea, diaphoresis, nausea, palpitations)
- alarming dyspnea, especially if accompanied by peripheral edema
- alarming throat tightening

Along with routine lifesaving procedures, it is essential to:

Continue Benicar 40mg dosing every four hours with 20mg SL until symptoms subside even if an NG tube is necessary.

If B/P is extremely low (mean arterial pressure <55), continue Benicar as above and increase fluid volume with 0.9 NS or packed red cells.

The only antibiotics this patient **can** tolerate are the following:

- Cipro (ciprofloxacin)
- Levaquin/Quixin (levofloxacin)
- Avelox (moxifloxacin)
- Ocuflox/Floxin/Floxacin (ofloxacin)
- Noroxin (norfloxacin)

Beta-lactams **may** be tolerated, Claforin is usually OK. The macrolide Biaxin is usually OK.

These antibiotics usually cause an allergic reaction:

- azithromycin (especially cardiovascular sequelae)
- clindamycin (especially neurological sequelae)
- tetracyclines
- sulfa drugs

Do not give Corticosteroids in any form or by any route (injected, inhaled, oral or IV) as they will lead to metabolic instability.

Adverse reactions may occur if epinephrine or norepinephrine is used to raise B/P or treat anaphylaxis. **Use epinephrine and norepinephrine only for cardiac arrest.**

Local anesthetics containing epinephrine may cause adverse events (tachycardia, psychosis), and the epinephrine may hinder anesthesia.