

ALLERGIC REACTIONS & ANAPHYLAXIS

Treatment Indication: Signs and symptoms may include any or all of the following: Decreased blood pressure, weak rapid pulse accompanied by shortness of breath, upper airway swelling and/or wheezing triggered by an allergic reaction. Large (Urticarial) rash is usually present.

ALL EMS PROVIDERS

- Primary Management
- Initiate rapid transport
- Secure airway and administer oxygen per respiratory distress protocol
- Remove offending agent (e.g. – stinger) in appropriate manner (scrape, not tweezers)
- Do brief history and physical, and check vital signs and lung sounds.

BLS AND ABOVE PROVIDERS

Remember that not all patients who are having an allergic reaction need epinephrine therapy. Epinephrine should be administered only to those patients exhibiting the respiratory and/or cardiovascular effects of a severe allergic reaction and/or anaphylaxis.

- If the patient is in respiratory distress and/or cardiovascular compromise with SxS of shock
 - Epinephrine 1:1000, 0.3 cc SC in pre-filled epi-pen or low dose 0.3 cc TB syringe.
 - The Epi-Pen Jr. may be utilized for Pediatric patients
- Maximum allowable single dose is 0.3cc. Repeat dosing requires MCEP contact.

ILS PROVIDERS

Anaphylaxis/Severe Allergic Reaction with SxS of respiratory and/or cardiovascular compromise

- For significant respiratory distress or hypotension, administer Epinephrine 1:1000
 - Adult: 0.3 mg 1:1000 IM
- Pediatric: 0.01 mg/kg IM (maximum 0.3mg).
- May repeat epinephrine once after 3 – 5 minutes if patient has not sufficiently improved. A MCEP should be contacted if a third dose is considered.
- If only wheezing is present with no complaint or evidence of upper airway involvement, go to Asthma Protocol.
- Establish an IV of NS and titrate to maintain systolic BP at least 90. This commonly requires 1 – 2 liters
- Cardiac Monitor
- Albuterol 2.5 – 5.0 mg nebulizer if wheezing present
- Benadryl 25 – 50 mg IV or IM may be given
 - Pediatric dosage - 1 - 2 mg/kg (maximum dose of 50 mg)

For patients with SxS of a moderate allergic reaction (hives, itching), with NO indications of respiratory compromise and/or cardiovascular compromise:

- Establish an IV of NS and titrate to the patient's vital signs
- Administer Benadryl 25 – 50 mg IV or IM to the adult, or 1 - 2 mg/kg (maximum of 50 mg) to the pediatric patient.

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ALS PROVIDERS

- Secure airway per airway obstruction protocol, as needed.
- Cardiac Monitor
 - If adult patient is perfusing too poorly to absorb the Epinephrine SQ / IM, and/or continues to deteriorate with unresolved airway compromise or hypotension, administer Epinephrine 1:100,000 mg SIVP. To obtain Epi 1:100,000, discard 9 cc of Epinephrine 1:10,000, then replace this with 9 cc of NS. Titrate over 5 - 10 minutes SIVP, repeating once if necessary.
- Dopamine (Intropin) can be administered concurrently with Epinephrine, as necessary for refractory hypotension, starting at 10 mcg/kg/min.
- If UNABLE to initiate isotonic IV, consider other appropriate routes of administration including Epinephrine IM or ET and/or Benadryl IM.