

Allergic Reaction / Anaphylaxis

History

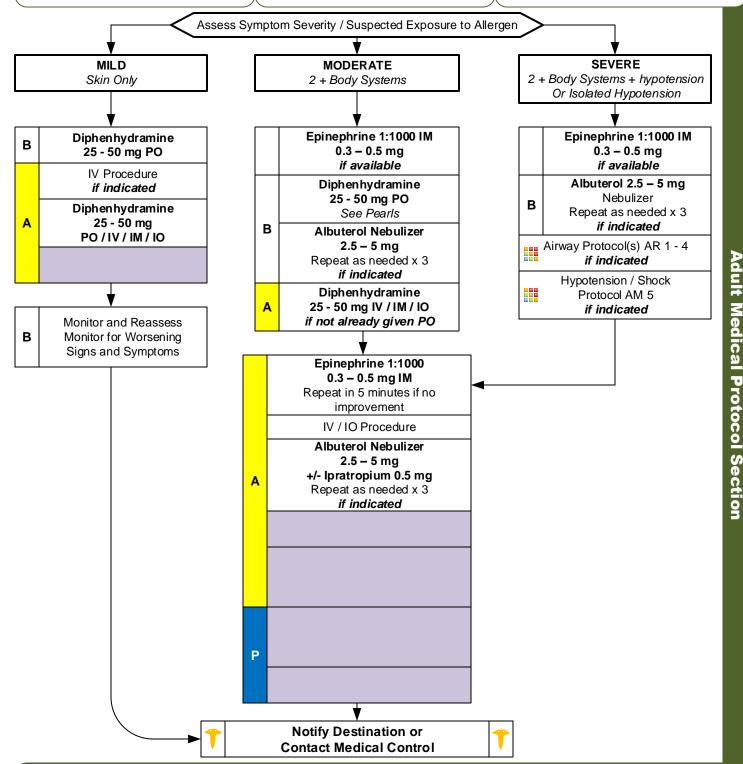
- Onset and location
- · Insect sting or bite
- Food allergy / exposure
- Medication allergy / exposure
- · New clothing, soap, detergent
- · Past history of reactions
- Past medical history
- Medication history

Signs and Symptoms

- Itching or hives
- Coughing / wheezing or respiratory distress
- · Chest or throat constriction
- Difficulty swallowing
- Hypotension or shock
- Edema
- N/V

Differential

- Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Shock (vascular effect)
- Angioedema (drug induced)
- Aspiration / Airway obstruction
- Vasovagal event
- Asthma or COPD
- CHF





Allergic Reaction / Anaphylaxis

Pearls

- Recommended Exam: Mental Status, Skin, Heart, Lungs, Abdominal
- Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.
- Epinephrine administration:

Drug of choice and the FIRST drug that should be administered in acute anaphylaxis (Moderate / Severe Symptoms.) IM Epinephrine should be administered in priority before or during attempts at IV or IO access.

Diphen hydramine and steroids have no proven utility in Moderate / Severe anaphylaxis and may be given only After Epinephrine. Diphen hydramine and steroids should NOT delay repeated Epinephrine administration.

In Moderate and Severe anaphylaxis Diphenhydramine may decrease mental status. Oral Diphenhydramine should NOT be given to a patient with decreased mental status and / or a hypotensive patient as this may cause nausea and / or vomiting.

- Anaphylaxis unresponsive to repeat doses of IM epinephrine may require IV epinephrine administration by IV push or epinephrine infusion. Contact Medical Control for appropriate dosing.
- Symptom Severity Classification:

Mild symptoms:

Flushing, hives, itching, erythema with normal blood pressure and perfusion.

Moderate symptoms:

Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with normal blood pressure and perfusion.

Severe symptoms:

Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with hypotension/poor perfusion or isolated hypotension.

- · Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash / skin involvement.
- Angioedema is seen in moderate to severe reactions and is swelling involving the face, lips or airway structures. This can also be seen in patients taking blood pressure medications like Prinivil / Zestril (lisinopril)-typically end in -il.
- Hereditary Angioedema involves swelling of the face, lips, airway structures, extremities, and may cause moderate to severe abdominal pain. Some patients are prescribed specific medications to aid in reversal of swelling. Paramedic may assist or administer this medication per patient / package instructions.
- 12 lead ECG and cardiac monitoring should NOT delay administration of epinephrine.
- EMR / EMT may administer Epinephrine IM and may administer from EMS supply. Agency Medical Director may require contact of medical control prior to EMR / EMT administering any medication.
- EMR / EMT may administer Epinephrine IM via AutoInjector or manual draw-up per Agency Medical Director.
- EMT may administer diphenhydramine by oral route only and may administer from EMS supply. Agency Medical Director may require contact of medical control prior to EMT / EMR administering any medication.
- EMT may administer Albuterol if patient already prescribed and may administer from EMS supply. Agency Medical Director may require contact of medical control prior to EMT / EMR administering any medication.
- The shorter the onset from exposure to symptoms the more severe the reaction.