Allergic Reaction / Anaphylaxis



History

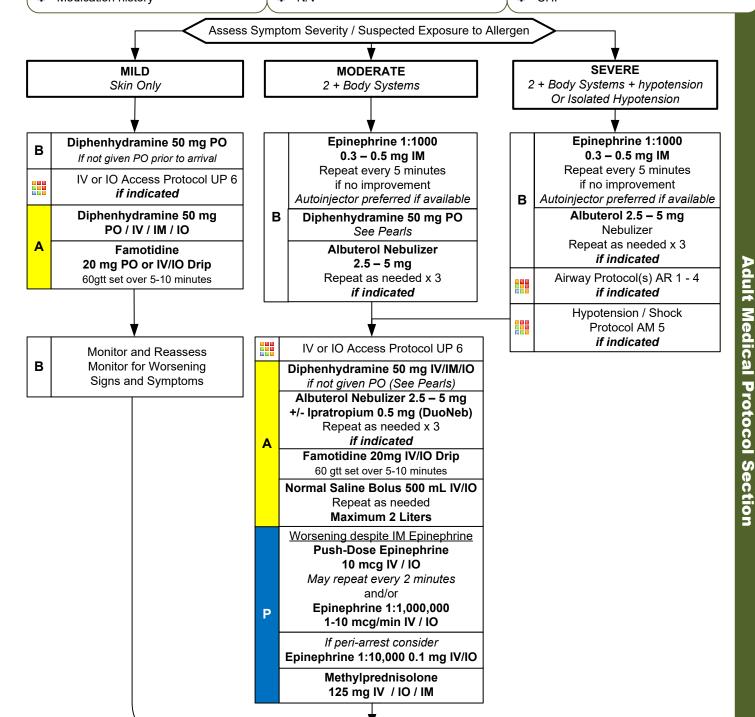
- Onset and location
- * Insect sting or bite
- * Food allergy / exposure
- Medication allergy / exposure
- New clothing, soap, detergent
- Past history of reactions
- * Past medical history
- * Medication history

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



Notify Destination or Contact Medical Control

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.

- * Diphenhydramine and steroid administration:
 - Diphenhydramine and steroids should NOT delay initial or repeated Epinephrine administration.
 - Diphenhydramine and steroids have no proven utility in Moderate / Severe anaphylaxis.
 - In Moderate and Severe anaphylaxis Diphenhydramine may decrease mental status.

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.
- * EtCO2 & SpO2 are MANDATORY but should not delay epinephrine administration.
- * 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.

- Patients with moderate and severe reactions should receive a 12 lead ECG and should be continually monitored, but this should NOT delay administration of epinephrine.
- ***** EMR / EMT may administer Epinephrine IM and may administer from EMS supply.
- ★ EMR / EMT may administer Epinephrine IM via AutoInjector or manual draw-up per IM Epi Procedure USP 4.
- * EMR / EMT may administer diphenhydramine by oral route only and may administer from EMS supply.
- **★** EMT may administer Albuterol from EMS supply.
- The shorter the onset from exposure to symptoms the more severe the reaction.

This protocol has been altered from the original NCCEP Protocol by the local EMS Medical Director