

ALLERGIC REACTION / ANAPHYLAXIS

ALL PROVIDERS / EMT

- ☐ Focused history and physical exam.
- ☐ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available.
- ☐ **Treatment Plan**
 - Eliminate the source of exposure, if possible. May require moving the patient to another location
 - Maintain airway.
 - Apply a cold pack to bite or sting site as necessary.
 - Monitor closely for hypotension.
- ☐ **Key Considerations**
 - If the patient has any respiratory distress and is conscious, treat and transport them in a position of comfort, including leaving a child in parent's lap.
 - Determine if anaphylaxis is present:
 - **Non-anaphylactic allergic reaction:** Symptoms involving only **one** organ system (i.e. itching, rash, or localized angioedema that does not involve the airway and is not associated with vomiting)
 - **Anaphylaxis:** More severe and is characterized by an acute onset involving:
 - **Hypotension** after exposure to a likely allergen OR
 - **Two or more** of the following occurring rapidly after exposure to a likely allergen:
 - Skin and/or mucosal involvement (urticaria, itching, face/lips/tongue swelling)
 - Respiratory compromise (dyspnea, wheezing, stridor, hypoxemia)
 - Persistent gastrointestinal symptoms, particularly in infants/young children (vomiting, abdominal pain)
 - **Do not delay administering epinephrine.** Give IM epinephrine as soon as the diagnosis of anaphylaxis has been established.

ADULT (>25 kg / 55lbs)

EMT

- ☐ **Administer epinephrine 1 mg/ml (1:1000)** for anaphylaxis by either:
 - **Epinephrine autoinjector IM (0.3 mg)**
 - **Epinephrine 0.5mg IM (0.5 mL of 1 mg/mL (1:1000))**
- ☐ May repeat epinephrine dose every 10 minutes as needed
- ☐ May repeat epinephrine every 10 minutes as needed
- ☐ If WHEEZING is present: Assist patient albuterol inhaler if wheezing is present (2 puffs). May repeat in 10 minutes
- ☐ O₂ as needed to maintain SaO₂ above 90%.

AEMT

- ☐ Advanced airway, vascular access and fluid therapy
- ☐ **Diphenhydramine 50 mg IV/IO/IM** for allergic reaction with urticaria/itching

PEDIATRIC (< 25 kg / 55 lbs)

EMT

- ☐ Give or assist patient with **epinephrine autoinjector ("Jr." 0.15 mg)** IM for severe respiratory distress and/or shock from anaphylaxis.
 - If >25kg, use adult autoinjector (0.3 mg) IM
- ☐ Administer **epinephrine 1 mg/ml (1:1000) 0.15 mL IM.**
 - If > 25 kg, then give 0.3 mL IM
- ☐ May repeat epinephrine dose every 10 minutes, as needed
- ☐ If WHEEZING is present: Assist patient with own albuterol inhaler if wheezing is present (2 puffs). May repeat in 10 minutes
- ☐ O₂ as needed to maintain SaO₂ above 90%.

AEMT

- ☐ Advanced airway, vascular access and fluid therapy
- ☐ **Diphenhydramine 1 mg/kg to max of 50 mg IV/IO/IM** for allergic reaction with urticaria/itching

- ❑ If **WHEEZING** is present:
 - **Albuterol 2.5 mg** nebulized every 10 minutes until symptoms improve
- ❑ If **STRIDOR** is present:
 - **Epinephrine (1:1000) 2mL** mixed with 3 mL of NS nebulized every 10 minutes until symptoms improve

PARAMEDIC

- ⌚ **Epinephrine 2–10 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg
- ⌚ **Push Dose Epinephrine 10mcg** as needed to maintain a SBP >100 mmHg after fluid bolus
- ⌚ **Norepinephrine** initial dose: **0.05 – 1 mcg/kg/min** IV/IO for hypoperfusion. Titrate to maintain a SBP > 100 mmHg. For patients in refractory shock: 8-30 mcg/minute

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 - **Albuterol 2.5 mg** nebulized every 10 minutes until symptoms improve.
- ❑ If **STRIDOR** is present:
 - **Epinephrine (1:1000) 2mL** mixed with 3 mL of NS nebulized every 10 minutes until symptoms improve

PARAMEDIC

- ⌚ **Epinephrine 0.1–1 mcg/kg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2) mmHg
- ⌚ **Push Dose Epinephrine 1mcg/kg** as needed to maintain a SBP >70 + (age in years x 2) mmHg after fluid bolus
- ⌚ **Norepinephrine** initial dose: **0.05 - 0.1 mcg/kg/min**, titrate to max of 2 mcg/kg/min to maintain SBP >70 + (age in years x 2) mmHg