ALLERGIC REACTION/ANAPHYLAXIS

ALL PROVIDERS/EMT

- Focused history and physical exam.
- □ Continuous cardiac, ETCO2, and pulse oximetry monitoring, when available.

☐ Treatment Plan

- Safely and rapidly eliminate the source of exposure, as able.
- Maintain airway.
- Apply cold pack to bite or sting site.
- · Monitor closely for hypotension.

□ Key Considerations

- If the patient has any respiratory distress and is conscious, allow them to achieve a position of comfort, including leaving a child in their 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 or 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 administration of epinephrine. Give IM epinephrine as soon as the diagnosis of anaphylaxis has been established.

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- Give or assist patient with Epipen (0.3 cc) IM for respiratory distress and/or shock from anaphylaxis
- OR administer epinephrine (1:1000) 0.3 cc IM, as per AEMT guideline below.
- Assist patient with own Albuterol inhaler according to the prescription on the inhaler
- O₂ as needed to maintain SaO₂ above 90%.

EMT

- Give or assist patient with **Epipen Jr. (0.15 cc)** IM for respiratory distress and/or shock from anaphylaxis. If >25kg then give Adult dose.
- OR administer epinephrine (1:1000) 0.3 cc IM, as per AEMT guideline below. If >25kg then give Adult dose.
- Assist patient with own Albuterol inhaler according to the prescription on the inhaler
- □ O₂ as needed to maintain SaO₂ above 90%.

AEMT

- Advanced airway, vascular access and fluid therapy per IV-IO Access and Fluid Therapy Guideline
- □ Epinephrine (1:1000) 0.3 cc IM for patient with more than mild symptoms
 - If symptoms persist, may repeat every 10 minutes until symptoms improve.
- Diphenhydramine (Benadryl) 50 mg IV/IO/IM for moderate to severe allergic reaction
- ☐ If significant <u>WHEEZING</u> is present:
 - Albuterol 2.5 mg every 10 minutes via nebulization for bronchospasm/wheezing until symptoms subside
- ☐ If <u>STRIDOR</u> is present:
 - Epinephrine (1:1000) 2mL mixed with 3mL of NS via nebulizer every 10 minutes until symptoms improve.

PARAMEDIC

- Epinephrine (1:10,000) 1mg IV/IO for severe hypotension
 - May repeat every 5 min if shock persists
- Epinephrine (1:1000) 2–10 mcg/min IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg.

AEMT

- Advanced airway, vascular access and fluid therapy per IV-IO Access and Fluid Therapy Guideline
- **Epinephrine (1:1000) 0.15 cc** per dose IM for patient with more than mild symptoms
 - If symptoms persist, may repeat every 10 minutes until symptoms improve.
- Diphenhydramine (Benadryl) 1 mg/kg to max of 50mg/single dose IV/IO/IM for moderate to severe allergic reaction
- If significant <u>WHEEZING</u> is present:
 - Albuterol 2.5 mg every 10 minutes via nebulization until symptoms subside. Start with 1.25 mg if patient is <1 yr in age.
- ☐ If STRIDOR is present:
 - Epinephrine (1:1000) 2mL mixed with 3mL of NS via nebulizer every 10 minutes until symptoms improve.

PARAMEDIC

- □ Epinephrine (1:10,000) 0.01 mg/kg or 0.1ml/kg IV/IO for severe hypotension.

 May repeat every 5 min if shock persists
- Epinephrine (1:1000) 0.1–2 mcg/kg/min IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2) mmHg.