RETU Allergic Reaction Pathway

Required testing prior to RETU admission

- ENT consult and scope if symptoms of throat swelling or voice change
- · Observation in ED if given epinephrine
- Pulse oximetry

EValuation

Not appropriate for RETU

- Pulmonary complaints or new hypoxia
- Persistent hypotension
- Persistent tachycardia
- Stridor/respiratory distress/hoarseness present
- EKG changes or suspicion of ACS

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- HEENT
- Pulmonary
- Skin

Initial Testing

(as clinically indicated)

 Labs: CBC, Basic Metabolic Panel, pregnancy test

Monitoring

(as clinically indicated)

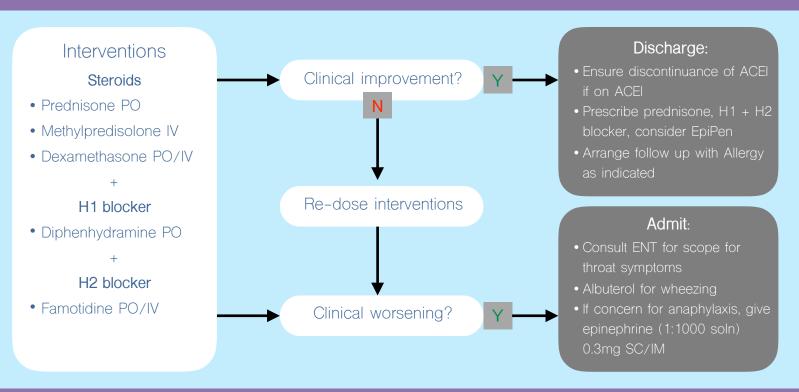
- Telemetry
- Continuous pulse oximetry

Consults

(as clinically indicated)

ENT consult

RETU Treatment / Evaluation



Disposition Guidelines

Discharge from RETU

- · Resolution or improvement of symptoms
- · Stable vital signs
- · Patient feels at baseline

Admission to Hospital

- · Worsening of symptoms
- Persistent wheezing/stridor
- Inadequate response to therapy during observation
- Inability to take PO meds
- Abnormal VS: SBP <90 mmHg, RR >24 bpm, or hypoxia