

# 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

## ED 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

### Interventions

#### Steroids

- Prednisone PO
- Methylpredisolone IV
- Dexamethasone PO/IV

+

#### H1 blocker

- Diphenhydramine PO

+

#### H2 blocker

- Famotidine PO/IV

Clinical improvement?

N

Y

Re-dose interventions

Clinical worsening?

Y

### Discharge:

- Ensure discontinuance of ACEI if on ACEI
- Prescribe prednisone, H1 + H2 blocker, consider EpiPen
- Arrange follow up with Allergy as indicated

### Admit:

- Consult ENT for scope for throat symptoms
- Albuterol for wheezing
- If concern for anaphylaxis, give epinephrine (1:1000 soln) 0.3mg SC/IM

## 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