



Anaphylaxis and Allergic Reaction

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Prehospital Guideline Model Process)

Aliases

Anaphylactic Shock

Patient Care Goals

1. Provide timely therapy for potentially life-threatening reactions to known or suspected allergens to prevent cardiorespiratory collapse and shock
2. Provide symptomatic relief for symptoms due to known or suspected allergens

Patient Presentation

Inclusion Criteria

Patients of all ages with suspected allergic reaction and/or anaphylaxis

Exclusion Criteria

None noted

Patient Management

Assessment

1. Evaluate for patent airway and presence of oropharyngeal edema
2. Auscultate for wheezing and assess level of respiratory effort
3. Assess for adequacy of perfusion
4. Assess for presence of signs and symptoms of anaphylaxis
 - a. Anaphylaxis – More severe and is characterized by an acute onset involving:
 - i. The skin (urticaria) and/or mucosa with either respiratory compromise or decreased BP or signs of end-organ dysfunction

OR

 - ii. Hypotension for that patient after exposure to a known allergen
 1. **Adults:** Systolic BP less than 90
 2. **Pediatrics:** See [Appendix VIII. Abnormal Vital Signs](#)

OR

 - iii. Two or more of the following occurring rapidly after exposure to a likely allergen:
 1. Skin and/or mucosal involvement (urticaria, itchy, swollen tongue/lips)
 - a. Skin involvement may be ABSENT in up to 40% of cases of anaphylaxis
 2. Respiratory compromise (dyspnea, wheezing, stridor, hypoxemia)
 3. Persistent gastrointestinal symptoms (vomiting, abdominal pain, diarrhea)
 4. Hypotension or associated symptoms (syncope, hypotonia, chest tightness, incontinence)
- b. Non-anaphylactic Allergic Reaction
 - i. Signs involving only **one** organ system (e.g., localized angioedema that does not compromise the airway, or not associated with vomiting; hives alone)