

ALLERGIC REACTION/ANAPHYLAXIS

One or more of the following should increase suspicion for anaphylaxis:

- Respiratory symptoms (throat tightness, hoarse voice, wheezing/stridor, cough, SOB)
- Cardiovascular symptoms: fainting, dizziness, tachycardia, hypotension
- GI symptoms: nausea, vomiting, abdominal cramping
- Angioedema of eyelids, lips, tongue, face

ADULT	PEDIATRIC (≤ 34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> - O₂ administration per Airway Management Protocol #602 • May assist with the administration of patient's prescribed medication (i.e. Epi Auto-injector, inhaler, etc.) 	Same as Adult
BLS Additional/Optional Skills as Approved by SLOEMSA	
<p>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</p> <ul style="list-style-type: none"> • Adult 0.3 mg Epinephrine Auto-Injector administered in anterolateral thigh <ul style="list-style-type: none"> • May repeat, if indicated, every 5 min, max 3 doses <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Adult Epinephrine 1:1000 0.3 mg IM <ul style="list-style-type: none"> - May repeat, if indicated, every 5 min, max 3 doses 	<p>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</p> <ul style="list-style-type: none"> • Pediatric (≥ 15 kg) 0.15 mg Epinephrine Auto-Injector administered in anterolateral thigh • May repeat, if indicated, every 5 min, max 3 doses <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Pediatric (≥ 15 kg), Epinephrine 1:1000 0.15 mg IM anterolateral thigh <ul style="list-style-type: none"> - May repeat, if indicated, every 5 min, max 3 doses
ALS Standing Orders	
<p>Skin signs only (e.g. Itching/rash/hives/flushing)</p> <ul style="list-style-type: none"> • Diphenhydramine 50 mg IV/IM 	<p>Skin signs only (e.g. Itching/rash/hives/flushing)</p> <ul style="list-style-type: none"> • Diphenhydramine 2 mg/kg IV/IM – not to exceed 50 mg

Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)	Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)
<ul style="list-style-type: none"> • Epinephrine 1:1,000 0.01 mg/kg IM – not to exceed 0.5 mg <ul style="list-style-type: none"> - may repeat every 5 min, max 3 doses • Diphenhydramine 50 mg IV/IM • If respiratory involvement add: <ul style="list-style-type: none"> - Albuterol 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min - repeat as needed 	<ul style="list-style-type: none"> • Epinephrine 1:1,000 0.01 mg/kg IM – not to exceed 0.3 mg <ul style="list-style-type: none"> - may repeat every 5 min, max 3 doses • Diphenhydramine 2 mg/kg IV/IM – not to exceed 50 mg • If respiratory involvement add: <ul style="list-style-type: none"> - Albuterol 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min - repeat as needed

Base Hospital Orders Only

Unresponsive to previous therapy	Unresponsive to previous therapy
<ul style="list-style-type: none"> • Epinephrine 1:10,000 0.01 mg/kg slow IV titrated – not to exceed 0.5 mg • As needed 	<ul style="list-style-type: none"> • Epinephrine 1:10,000 0.01 mg/kg slow IV titrated – not to exceed 0.3 mg • As needed

Notes

- If unsure between allergic reaction and anaphylaxis, treat as suspected anaphylaxis and give Epinephrine **early**
- Auto-injector injection site should be exposed and cleansed with aseptic technique prior to injection.
- Follow manufacturer's instructions when using Epinephrine auto-injector.