

Allergic Reaction and Anaphylaxis	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated Anaphylaxis: Assist patient with prescribed epinephrine auto-injector, or <ul style="list-style-type: none"> <li>If under 30 kg – Epinephrine 1 mg/mL               <ul style="list-style-type: none"> <li>IM - 0.15 mg via auto-injector, pre-filled syringe, or syringe/vial draw</li> <li>May repeat x 1 in 5 minutes if patient remains in distress</li> </ul> </li> <li>If 30 kg and over – Epinephrine 1mg/mL               <ul style="list-style-type: none"> <li>IM - 0.3mg via auto-injector, pre-filled syringe, or syringe/vial draw</li> <li>May Repeat x 1 in 5 minutes if patient remains in distress</li> </ul> </li> </ul>	
ALS Standing Orders	
IV/IO access  Allergic Reaction: <b>Benadryl</b> <ul style="list-style-type: none"> <li>IV/IO/IM – 50 mg</li> </ul>	IV/IO Access  Allergic Reaction: For patients ≥ 6 months of age <b>Benadryl</b> <ul style="list-style-type: none"> <li>IV/IO/IM – 1 mg/kg</li> <li>Max 50 mg</li> </ul>
Anaphylaxis without shock:  <b>Epinephrine 1 mg/mL</b> , if not already administered by BLS personnel <ul style="list-style-type: none"> <li>IM - 0.3 mg</li> <li>May repeat q 5 minutes if patient remains in distress</li> </ul> <b>Albuterol (if wheezing is present)</b> <ul style="list-style-type: none"> <li>Nebulizer – 5 mg/6 mL</li> <li>May repeat as needed</li> </ul> Anaphylaxis with Shock:  <b>Epinephrine 10mcg/mL</b> <ul style="list-style-type: none"> <li>1mL (10mcg) every 2 minutes, slow IV/IO push</li> <li>Titrate to SBP of greater than or equal to 90mm/Hg</li> </ul> <ul style="list-style-type: none"> <li>Initiate 2<sup>nd</sup> IV/IO</li> </ul> <b>Normal Saline</b> <ul style="list-style-type: none"> <li>IV/IO bolus – 1 Liter</li> <li>May repeat x 1 as indicated</li> </ul>	Anaphylaxis without Shock:  <b>Epinephrine 1 mg/mL</b> , if not already administered by BLS personnel <ul style="list-style-type: none"> <li>IM – 0.01 mg/kg up to 0.3mg</li> <li>May repeat q 5 minutes if patient remains in distress</li> </ul> <b>Albuterol (if wheezing is present)</b> <ul style="list-style-type: none"> <li>Patient ≤ 30 kg               <ul style="list-style-type: none"> <li>Nebulizer – 2.5 mg/3 mL</li> <li>Repeat as needed</li> </ul> </li> <li>Patient &gt; 30kg               <ul style="list-style-type: none"> <li>Nebulizer – 5 mg/6 mL</li> <li>Repeat as needed</li> </ul> </li> </ul> Anaphylaxis with Shock:  <b>Epinephrine 10mcg/mL</b> <ul style="list-style-type: none"> <li>0.1mL/kg (1mcg/kg) every 2 minutes, slow IV/IO push</li> <li>Max single dose of 1mL or 10mcg</li> <li>Titrate to SBP of greater than or equal to 80 mm/Hg</li> </ul> <ul style="list-style-type: none"> <li>Initiate 2<sup>nd</sup> IV if possible or establish IO</li> </ul> <b>Normal Saline</b> <ul style="list-style-type: none"> <li>IV/IO bolus – 20 mL/kg</li> <li>May repeat x 1 as indicated</li> </ul>
Base Hospital Orders Only	
Consult with ED Physician for further treatment measures	
Additional Information <ul style="list-style-type: none"> <li>In cases of anaphylaxis or anaphylactic shock do not delay epinephrine administration. Utilize IM Epinephrine prior to other medications or prior to IV/IO epinephrine. Epinephrine is the priority in patients with anaphylaxis.</li> <li>Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.</li> </ul>	

Effective Date: July 1, 2025  
Next Review Date: February 28, 2027

Date Revised: February 13, 2025  
Last Reviewed: February 13, 2025



VCEMS Medical Director