



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: June 1, 2023

ALLERGIC REACTION & ANAPHYLAXIS

Adult	Pediatric
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Definitions

Allergic Reaction: Acute onset cutaneous reactions with any of the following symptoms:

Anaphylaxis: Allergic Reaction as defined above with one or more of the following:

Stridor	Wheezing	Vomiting
Hoarseness	Edema involving airway	Diarrhea
Hypotension	Airway Compromise	
Decreased LOC	Abdominal Pain	

BLS

- Assess vital signs
- O₂, titrate SpO₂ to $\geq 94\%$
- Lung Sounds
- Assist ventilations as appropriate
- Consider CPAP

BLS Local Scope

Anaphylaxis (> 30 kg)	Anaphylaxis (15 - 30 kg)
Epinephrine Auto Injector 0.3 mg IM <ul style="list-style-type: none"> Inject deep IM into the lateral thigh, midway between waist and knee No repeat Record time of injection 	Epinephrine Auto Injector 0.15 mg IM <ul style="list-style-type: none"> Inject deep IM into the lateral thigh, midway between waist and knee No repeat Record time of injection

ALS

Cardiac Monitor, Waveform EtCO₂, Vascular Access

Allergic Reaction

Diphenhydramine 1 mg/kg IV/IM/PO	Diphenhydramine 1 mg/kg IV/IM/PO
<ul style="list-style-type: none">• Max 50 mg	<ul style="list-style-type: none">• Max 50 mg



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ALS cont.	
Anaphylaxis	
<p>Epinephrine (1:1,000) 0.3 mg IM</p> <ul style="list-style-type: none">• May repeat x 2 every 10 minutes <p><u>If SBP < 90 and/or Stridor</u></p> <p>PUSH DOSE Epinephrine (1:100,000)</p> <ul style="list-style-type: none">• 1 mL every 1-5 minutes <p>Until SBP > 90 and/or stridor ceases</p> <p><u>If SBP < 90 mmHg</u></p> <p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none">• May repeat as needed <p><u>If no response and patient on Beta Blockers</u></p> <p>Glucagon 1 mg IV/IO</p> <ul style="list-style-type: none">• Given over 1 minute• No repeat <p><u>If no IV/IO</u></p> <p>Glucagon 1 mg IM/IN</p> <ul style="list-style-type: none">• No repeat	<p>Epinephrine (1:1,000) 0.01 mg/kg IM</p> <ul style="list-style-type: none">• Deltoid or thigh• Max 0.3 mg• No repeat <p><u>If no signs of improvement</u></p> <p>Epinephrine (1:10,000) 0.01 mg/kg IV/IO</p> <ul style="list-style-type: none">• Max single dose 0.1 mg• No repeat <p><u>If SBP < normal range for age</u></p> <p>Fluid Bolus NS 20 mL/kg IV/IO</p> <ul style="list-style-type: none">• Titrate to age appropriate SBP
Wheezing/Bronchospasm	
<p>Albuterol 5 mg Nebulized</p> <ul style="list-style-type: none">• May repeat x 1 <p><u>And</u></p> <p>Ipratropium 500 mcg Nebulized</p> <ul style="list-style-type: none">• No repeat	<p>Albuterol 5 mg Nebulized</p> <ul style="list-style-type: none">• May repeat x 1 <p><u>And</u></p> <p>Ipratropium 500 mcg Nebulized</p> <ul style="list-style-type: none">• No repeat
Direction	
<ul style="list-style-type: none">• Contact Base Hospital for additional treatment	