

Treatment Protocols***ANAPHYLAXIS / ALLERGIC REACTION – Adult***

Stable	Unstable
Blood pressure >90 mmHg	Blood pressure <90 mmHg and/or signs of poor perfusion or signs of airway compromise
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate – PRN • Continuous pulse oximetry, blood pressure monitoring PRN • Capnography • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p>For respiratory distress, chest pain, lightheadedness, or more than two (2) body systems are involved in suspected anaphylaxis or allergic reaction:</p> <ul style="list-style-type: none"> • Administer epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM <p>MR q5min as anaphylaxis symptoms persist</p>	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate – PRN • Continuous pulse oximetry, blood pressure monitoring • Capnography • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</p> <ul style="list-style-type: none"> • Administer Epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM ○ MR q5min as anaphylaxis symptoms persist
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV as needed • Capnography 	<ul style="list-style-type: none"> • Establish IV • Capnography <p>ANAPHYLAXIS</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 (1mg/ml) 0.3 mg IM x1 • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of \geq 90 mmHg <p>RESPIRATORY INVOLVEMENT</p> <ul style="list-style-type: none"> • Albuterol - 5 mg via nebulizer x 3 <p>PERSISTENT ANAPHYLAXIS</p> <ul style="list-style-type: none"> • Epinephrine (1:1,000) 0.3 mg IM MR q5min as anaphylaxis symptoms persist
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p>ALLERGIC REACTION (Rash or urticaria, no other body systems involved)</p>	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p>ANAPHYLAXIS</p>

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<ul style="list-style-type: none"> Diphenhydramine – 25 mg slow IV/IM/IO 	<ul style="list-style-type: none"> Epinephrine should be prioritized before diphenhydramine or IV fluids for anaphylaxis or airway compromise. Epinephrine 1:1,000 (1 mg/ml) 0.3 mg IM, MR q5min as anaphylaxis symptoms persist. Diphenhydramine - 25-50 mg slow IV/IM/IO NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of \geq 90 mmHg <p><u>RESPIRATORY INVOLVEMENT</u></p> <ul style="list-style-type: none"> Albuterol – 5 mg via nebulizer x3 Ipratropium – 2.5 mL added to first dose of albuterol via nebulizer <p><u>For SBP <90 mmHg</u></p> <ul style="list-style-type: none"> Push-dose epinephrine (0.01 mg/ml) 1 mL IV/IO BHP q3 min, titrate to SBP \geq 90 mmHg BHP <p><u>Push-Dose Epinephrine mixing instructions</u></p> <ul style="list-style-type: none"> Remove 1 mL normal saline (NS) from the 10 mL NS syringe Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.
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Adult Base Hospital Orders

	<ul style="list-style-type: none"> BHP – Push-dose epinephrine (1:100,000) BH – Repeat IV/IO NS bolus BH – Repeat albuterol
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Notes

<ul style="list-style-type: none"> Anaphylaxis is a systemic hypersensitivity response to an allergen. Untreated, anaphylaxis is deadly. Anaphylaxis is when two body systems appear to be involved in an allergic reaction. These include: <ul style="list-style-type: none"> Skin changes, itching or redness Nausea, vomiting or <u>abdominal pain</u> Respiratory distress including wheezing, tachypnea or airway constriction Significant acute edema or swelling Swelling of lips, tongue, uvula, or airway Treat as anaphylaxis with airway swelling or respiratory compromise, even when this is the “only” body system involved. Typically repeat epinephrine dosing until airway or respiratory symptoms have improved.
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- Pediatric patients often present with abdominal pain, nausea or vomiting as their presenting anaphylaxis symptoms, along with another body system.
- If a pediatric patient is adult sized, or greater than 30 kg, use the 0.3 mg dosing, if unsure of weight, use the higher dose.
- **Push-dose epinephrine mixing instructions**
 1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
 2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration

APPROVED:

SIGNATURE ON FILE – 07/01/25

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