

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

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ALLERGIC REACTION - ANAPHYLAXIS

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ALLERGIC REACTION (Hives, Rash, Swelling): A local response to an antigen involving the skin (rash, hives, edema, etc) with normal vital signs. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may escalate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

ASSESS	CAB
REMOVE ALLERGEN	If possible (e.g. bee stinger) and apply ice to site.
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
IV ACCESS	TKO
DIPHENHYDRAMINE	25 mg IV push. May administer 25 mg IM if IV access not promptly available.

ANAPHYLAXIS (Wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness): A systemic response to an antigen involving two (2) or more organ systems **OR** any deterioration of vital signs.

ASSESS	CAB
REMOVE ALLERGEN	If possible (e.g. bee stinger) and apply ice to site.
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
EPINEPHRINE	0.3 mg of 1:1000, IM. May repeat every 15 minutes
IV/IO ACCESS	Two 14-16 gauge IVs. If systolic BP is less than 90mmHg, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.
DIPHENHYDRAMINE	50 mg IV/IO push. May administer 50 mg IM if IV access not promptly available.
ALBUTEROL	If wheezing or stridor: 3.0ml of 0.5% solution in 15ml saline (or 6 unit dose vials) continuous nebulization via hand-held nebulizer, mask, or in-line with CPAP over 1 hour, or until symptoms improve. If patient intubated, administer dose through in-line aerosolized method. Repeat as needed.

BASE PHYSICIAN ORDERS

EPINEPHRINE	0.1 mg (1.0 ml) of 1:10,000 slow IV/IO push if systolic BP less than 90mmHg AND severe respiratory distress. May repeat every 1 – 2 minutes to systolic BP 90 – 100 or improved ventilation.
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