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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 the treatment standard for EMT-Is and EMT-Ps in treating patients.
- 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 ~~deteriorate~~ escalate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

ABCs

- 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:** 50 mg IV push or 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 involvement of the upper or lower respiratory systems **OR** any ~~derangement of~~ negative change in vital signs.

ABCs

- 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 SQ, IM. May repeat every 15 minutes
- IV ACCESS** Two 14-16 gauge. If systolic BP is less than 90, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.
- DIPHENHYDRAMINE:** 50 mg IV push or IM if IV access not promptly available.
- ABUTEROL** If wheezing or stridor: 3.0ml of 0.5% solution in 15ml saline (or 6 unit dose vials) via nebulizer over 1 hour, or until symptoms improve. If patient intubated, administer dose through in-line aerosolized method holding chamber. Repeat as needed.

BASE PHYSICIAN ORDERS

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