

**Treatment Protocols****Date: 07/01/2025*****ANAPHYLAXIS /ALLERGIC REACTION – Adult*****Policy #9040A**

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

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<ul style="list-style-type: none"> <li>Diphenhydramine – 25 mg slow IV/IM/IO</li> </ul>	<ul style="list-style-type: none"> <li>Epinephrine should be prioritized <u>before</u> diphenhydramine or IV fluids for anaphylaxis or airway compromise.</li> <li>Epinephrine 1:1,000 (1 mg/ml) 0.3 mg IM, MR q5min as anaphylaxis symptoms persist.</li> <li>Diphenhydramine - 25-50 mg slow IV/IM/IO</li> <li>NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of <math>\geq 90</math> mmHg</li> </ul> <p><b><u>RESPIRATORY INVOLVEMENT</u></b></p> <ul style="list-style-type: none"> <li>Albuterol – 5 mg via nebulizer x3</li> <li>Ipratropium – 2.5 mL added to first dose of albuterol via nebulizer</li> </ul> <p><b><u>For SBP &lt;90 mmHg</u></b></p> <ul style="list-style-type: none"> <li>Push-dose epinephrine (0.01 mg/ml) 1 mL IV/IO <b>BHP</b> q3 min, titrate to SBP <math>\geq 90</math> mmHg <b>BHP</b></li> </ul> <p><b>Push-Dose Epinephrine mixing instructions</b></p> <ul style="list-style-type: none"> <li>Remove 1 mL normal saline (NS) from the 10 mL NS syringe</li> <li>Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe</li> <li>The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.</li> </ul>
<b>Adult Base Hospital Orders</b>	
	<ul style="list-style-type: none"> <li><b>BHP</b> – Push-dose epinephrine (1:100,000)</li> <li><b>BH</b> – Repeat IV/IO NS bolus</li> <li><b>BH</b> – Repeat albuterol</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>Anaphylaxis is a systemic hypersensitivity response to an allergen. Untreated, anaphylaxis is deadly.</li> <li>Anaphylaxis is when two body systems appear to be involved in an allergic reaction. These include: <ul style="list-style-type: none"> <li>Skin changes, itching or redness</li> <li>Nausea, vomiting or <u>abdominal pain</u></li> <li>Respiratory distress including wheezing, tachypnea or airway constriction</li> <li>Significant acute edema or swelling</li> <li>Swelling of lips, tongue, uvula, or airway</li> </ul> </li> <li>Treat as anaphylaxis with airway swelling or respiratory compromise, even when this is the “only” body system involved.</li> <li>Typically repeat epinephrine dosing until airway or respiratory symptoms have improved.</li> </ul>	

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

APPROVED:

SIGNATURE ON FILE – 07/01/25

Katherine Staats, M.D. FACEP

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