

**Treatment Protocols**

**Date: 02/01/2021**

***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
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**Adult BLS Standing Orders**

<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>• Monitor O2 saturation – PRN</li> <li>• Monitor EtCO2 if ALS available - PRN</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                 <ul style="list-style-type: none"> <li>▪ <u>ONE TIME ONLY</u></li> </ul> </li> <li>○ <b>BH</b> contact required for repeat dosing</li> </ul> </li> </ul>	<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>• Monitor O2 saturation</li> <li>• Monitor EtCO2 if ALS available</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                 <ul style="list-style-type: none"> <li>▪ <u>ONE TIME ONLY</u></li> </ul> </li> <li>○ <b>BH</b> contact required for repeat dosing</li> </ul> </li> </ul>
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**Adult LALS Standing Order Protocol**

<ul style="list-style-type: none"> <li>• Establish IV as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV</li> <li>• IV NS <b>0.9% 500-1,000 mL</b> bolus; titrated to systolic BP &gt;90 mmHg</li> </ul> <p><b><u>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</u></b></p> <ul style="list-style-type: none"> <li>• Albuterol - 2.5-5 mg Nebulized</li> <li>• Epinephrine (1:1,000) - 0.3 mg IM</li> </ul> <p><b><u>PERSISTENT ANAPHYLAXIS</u></b></p> <ul style="list-style-type: none"> <li>• Epinephrine (1:1,000) - 0.3-0.5 mg IM may repeat x 2 q5minutes PRN anaphylaxis</li> </ul>
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**Adult ALS Standing Order Protocol**

<p><b><u>ALLERGIC REATION</u></b> (Rash or urticaria, no other body systems involved)</p> <ul style="list-style-type: none"> <li>• Diphenhydramine – 25 mg slow IVP/IM/IO</li> </ul>	<p><b><u>ANAPHYLAXIS or ALLERGIC REACTION</u></b></p> <ul style="list-style-type: none"> <li>• Diphenhydramine - 25-50 mg slow IVP/IM/IO</li> </ul>
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**Treatment Protocols****Date: 02/01/2021*****ANAPHYLAXIS /ALLERGIC REACTION – Adult*****Policy #9040A****Adult Base Hospital Orders**

- **BHP – Push-dose epinephrine (1:10,000) per BHP order only**
- **Reference push-dose epinephrine procedure below. Administer per BHP.**

**Push-Dose Epinephrine:**

1. Take Epinephrine 1 mg of 0.1 mg/ml preparation (Cardiac 1:10,000 Epinephrine) and waste 9 ml of Epinephrine
2. In that syringe, draw 9 ml of normal saline from the patient's IV bag and shake well
3. Mixture now provides 10 ml of Epinephrine at a 0.01 mg/ml (10 mcg/ml) concentration

**Notes**

- 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:
  - Skin changes, itching or redness
  - Nausea, vomiting or abdominal pain
  - 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.
- 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.

APPROVED:

Signature on File

Katherine Staats, M.D.

EMS Medical Director