

ALLERGIC REACTION / ANAPHYLAXIS

UPDATED 1/2024

ALL PROVIDERS / EMT

- Focused history and physical exam.
- Cardiac monitor, ETCO₂, and pulse oximetry monitoring.
- Treatment Plan**
 - Eliminate the source of exposure, if possible. May require moving the patient to another location.
 - Maintain airway.
 - Apply a cold pack to bite or sting site as necessary.
 - Monitor closely for hypotension.
- Key Considerations
 - If the patient has any respiratory distress and is conscious, treat and transport them in a position of comfort, including leaving the child in parent's lap.
 - Determine if anaphylaxis is present:
 - **Non-anaphylactic allergic reaction:** Symptoms involving only **one** organ system (i.e. itching, rash, or localized angioedema that does not involve the airway and is not associated with vomiting)
 - **Anaphylaxis:** More severe and is characterized by an acute onset involving:
 - **Hypotension** after exposure to a likely allergen OR
 - **Two or more** of the following occurring rapidly after exposure to a likely allergen:
 - Skin and/or mucosal involvement (urticaria, itching, face/lips/tongue swelling)
 - Respiratory compromise (dyspnea, wheezing, stridor, hypoxemia)
 - Persistent gastrointestinal symptoms, particularly in infants/young children (vomiting, abdominal pain)
 - **Do not delay administering epinephrine.** Give IM epinephrine as soon as the diagnosis of anaphylaxis has been established.

ADULT

PEDIATRIC (<15 years of age)

Note: Pediatric weight based dosing should not exceed Adult dosing

EMT

- Epinephrine**
 - **Epinephrine autoinjector (0.3 mg) IM**
 - **Epinephrine 1mg/mL (1:1000) - 0.5mg IM**
- May repeat epinephrine dose every **5** minutes as needed
- If WHEEZING is present: Assist patient albuterol inhaler if wheezing is present (2 puffs). May repeat in 10 minutes
- O₂ as needed to maintain SpO₂ above 90%.

EMT

- Epinephrine**
 - **Epinephrine autoinjector ("Jr." 0.15mg) IM**
 - If >25kg, use adult autoinjector (0.3mg) IM
- Epinephrine 1 mg/ml (1:1000) 0.01mg/kg (Max dose 0.3mg) IM**
 - If > 25 kg, then give 0.3**mg** IM
- May repeat epinephrine dose every **5** minutes, as needed
- If WHEEZING is present: Assist patient with own albuterol inhaler (2 puffs). May repeat in 10 minutes

- ❑ O2 as needed to maintain SpO2 above 90%.

AEMT

- ❑ Advanced airway, vascular access and fluid therapy
- ❑ **Diphenhydramine - 50 mg IV/IO/IM** for allergic reaction with urticaria/itching
- ❑ If **WHEEZING** is present:
 - **Albuterol 2.5 mg** nebulized every 10 minutes until symptoms improve.
- ❑ If **STRIDOR** is present:
 - **Epinephrine (1 mg/mL; 1:1000) 2mg** mixed with 3 mL of NS nebulized every 10 minutes until symptoms improve

AEMT

- ❑ Advanced airway, vascular access and fluid therapy
- ❑ **Diphenhydramine 1 mg/kg (Max of 50 mg) IV/IO/IM** for allergic reaction with urticaria/itching
- ❑ If **WHEEZING** is present:
 - **Albuterol 2.5 mg** nebulized every 10 minutes until symptoms improve.
- ❑ If **STRIDOR** is present:
 - **Epinephrine (1mg/mL, 1:1000) 2mg** mixed with 3 mL of NS nebulized every 10 minutes until symptoms improve.

PARAMEDIC

- ❑ **Epinephrine 2-10mcg** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg or MAP of 65
- ❑ **Push Dose Epinephrine – 2-10mcg** as needed to maintain SBP >100mmHg or MAP of 65

PARAMEDIC

- ❑ **Epinephrine 0.1–1 mcg/kg/min IV/IO infusion** for hypoperfusion. Titrate to maintain a SBP >70+ (age in years x 2) mmHg
- ❑ **Push Dose Epinephrine - 1mcg/kg** as needed to maintain a SBP >70 + (age in years x 2) mmHg