



Protocol 700-M2-P: Allergic Reaction/Anaphylaxis

Revision 5/22/18
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BLS Treatment

- ❖ Treat life threats. (See Procedure 701 Life Threats)
- ❖ Moderate to Severe Reaction
 - Symptoms:
 - swelling of mucous membranes of the mouth or eyes, and/or respiratory distress
 - **Epinephrine** Auto-injector (See Procedure 715 *Epinephrine Auto-Injector*)
 - ◆ For draw and inject **Epinephrine** see Special Considerations below
- ❖ Prepare for transport/transfer of care.

ALS Treatment

- ❖ Mild Reaction
 - Symptoms
 - urticaria, itching, raised welts
 - Transport/Contact Base Station.
- ❖ Moderate to Severe Reaction
 - Symptoms:
 - swelling of mucous membranes of the mouth or eyes, and/or respiratory distress
 - **Epinephrine** 0.01 mg/kg 1:1,000 IM, repeat q 5 minutes X 2 as needed.
 - **Benadryl** 1mg/kg IM/ IVP/IO up to 50mg
 - If hypotensive give 20ml/kg NS fluid bolus
 - If Bronchospasm or wheezes are present
 - administer **Albuterol** 2.5mg via nebulizer, may repeat as needed. If heart rate > 180 bpm, withhold **Albuterol** and contact Base Station.
 - Transport/Contact Base Station.
 - Profound shock:
 - Push-dose **Epinephrine** 0.1 ml/kg (1 mcg/kg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose Epinephrine Mixing Instructions*
 - ◆ Titrate to maintain SBP > 90mmHg
 - ◆ For patients ≥ 5 kg, standard adult doses of 0.5 ml (5 mcg) will apply
 - ◆ Obtain Base Station order whenever possible but do not delay care if any unusual delay.

Special Considerations

- ❖ **Warning** The #1 cause of sudden death from severe anaphylaxis is upper airway obstruction secondary to laryngeal edema. Aggressive treatment and airway management is critical in these instances.
- ❖ EMTs accredited for Optional Scope of Practice per Policy 208 *EMS Responder Scope of Practice* may draw and inject epinephrine in accordance with ALS procedures