

Treatment Protocols

Date: 07/01/2023

ANAPHYLAXIS /ALLERGIC REACTION – Adult

Policy #9040A

Stable Blood pressure >90 mmHg	Unstable Blood pressure <90 mmHg and/or signs of poor perfusion or signs of airway compromise
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate – PRN • Continuous pulse oximetry, blood pressure monitoring PRN • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p><u>For respiratory distress, chest pain, lightheadedness, or more than two (2) body systems are involved in suspected anaphylaxis or allergic reaction:</u></p> <ul style="list-style-type: none"> • Administer epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM <p>MR q5min as anaphylaxis symptoms persist</p>	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate – PRN • Continuous pulse oximetry, blood pressure monitoring • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p><u>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</u></p> <ul style="list-style-type: none"> • Administer Epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM ○ MR q5min as anaphylaxis symptoms persist
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV as needed • Capnography 	<ul style="list-style-type: none"> • Establish IV • Capnography <p><u>ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 (1mg/ml) 0.3 mg IM x1 • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of \geq 90 mmHg <p><u>RESPIRATORY INVOLVEMENT</u></p> <ul style="list-style-type: none"> • Albuterol - 5 mg via nebulizer x 3 <p><u>PERSISTENT ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine (1:1,000) 0.3 mg IM MR q5min as anaphylaxis symptoms persist
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p><u>ALLERGIC REACTION</u> (Rash or urticaria, no other body systems involved)</p> <ul style="list-style-type: none"> • Diphenhydramine – 25 mg slow IV/IM/IO 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p><u>ANAPHYLAXIS</u></p>

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	<ul style="list-style-type: none"> • Epinephrine should be prioritized <u>before</u> diphenhydramine or IV fluids for anaphylaxis or airway compromise. • Epinephrine 1:1,000 (1 mg/ml) 0.3 mg IM, MR q5min as anaphylaxis symptoms persist. • Diphenhydramine - 25-50 mg slow IV/IM/IO • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg <p><u>RESPIRATORY INVOLVEMENT</u></p> <ul style="list-style-type: none"> • Albuterol – 5 mg via nebulizer x3 • Ipratropium – 2.5 mL added to first dose of albuterol via nebulizer <p><u>For SBP <90 mmHg</u></p> <ul style="list-style-type: none"> • Push-dose epinephrine (0.01 mg/ml) 1 mL IV/IO BHP q3 min, titrate to SBP ≥ 90 mmHg BHP <p>Push-Dose Epinephrine mixing instructions</p> <ul style="list-style-type: none"> • Remove 1 mL normal saline (NS) from the 10 mL NS syringe • Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe • The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.
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Adult Base Hospital Orders

	<ul style="list-style-type: none"> • BHP – Push-dose epinephrine (1:100,000) • BH – Repeat IV/IO NS bolus • BH – Repeat albuterol
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Notes

<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Skin changes, itching or redness ○ Nausea, vomiting or <u>abdominal pain</u> ○ 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.
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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

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EMS Medical Director