

SECTION: M-10

PROTOCOL TITLE: ADULT ALLERGIC/ANAPHYLAXIS

REVISED: October 15, 2014

GENERAL COMMENTS: This protocol covers allergic, anaphylactic, and anaphylactoid reactions of all severities.

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Administer Epi-Pen auto injector or (if optional module completed) Epinephrine 1:1000 0.3 mg IM
- If optional module not completed, follow assisted Epi-Pen protocol:
 - Confirm prior to administration
 - Is Epi-Pen prescribed to the patient (Right Patient?)
 - Is it an Epi-Pen of the correct dose (Right Dose?)
 - Epi-Pen Adult: 0.3 mg
 - Epi-Pen Junior: 0.15 mg
 - Is the Epi-Pen an intramuscular (IM) auto injector (Right Route?)
 - Is the Epi-Pen expired?
 - What is the medication's appearance?
 - It should be clear and colorless
- Re-evaluate patient's signs and symptoms every 5 minutes following administration
 - Evaluate for presence of adverse effects of epinephrine
 - Chest pain
 - Headache
 - Palpitations
 - Anxiety/tremors
- Repeat in 5 - 10 minutes if no improvement
- EMS transport is indicated if Epi-Pen administered either by patient or by EMS
- If signs of bronchospasm are present
- Assist the patient with his prescribed "rescue inhaler." Use a spacer if the patient is prescribed one and has it available
 - Assisted Inhaler: 2 puffs or a specific number of puffs as prescribed by patient's MD
 - Repeat every 5-10 minutes or as prescribed by patient's MD
 - Hold for HR >150/min
- As an alternative, the patient may be allowed to use his/her own nebulized medication. The QRU will offer to hook up oxygen in lieu of a room air "condenser" and run at 6-8 lpm with the patient's hand held nebulizer (HHN). The patient must prepare it themselves

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ADULT ALLERGY/ANAPHYLAXIS

ILS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Treat hypotension aggressively with IV crystalloid up to 1000 ml. Hold for s/s of CHF/pulmonary edema or CHF history

ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

Sympathomimetics:

- Epinephrine 1:1000
 - IM: 0.3-0.5 mg
 - Repeat x1 in 5 - 10 minutes if s/s do not significantly improve
- Epinephrine Infusion for persistent hypotension (<80 mm Hg systolic) and severe refractory s/s
 - See Epinephrine infusion chart in Drug Appendix.
- Epinephrine Neb (*for laryngeal edema only*)
 - 5 mg (5 ml) epinephrine 1:1,000 nebulized undiluted

Bronchodilators:

- Nebulizer Treatment
 - Albuterol 2.5 mg (0.83% in 3 ml)
 - Ipratropium Bromide (Atrovent) 0.5 mg (0.02% in 2.5 ml)
 - May repeat as needed using Albuterol only. May use equivalent solutions of above medications such as *DuoNeb* as available

Antihistamines:

- Benadryl (Diphenhydramine)
 - IV/IM/IO: 25-50 mg
 - PO: (If available) 25-50 mg (for mild cases)
- Zantac (Ranitidine) To be used in conjunction with Benadryl
 - IV/IM/IO: 50 mg
 - PO: (If available) 150-300 mg (for mild cases)

PHYSICIAN PEARLS:

CAUTION: All patients receiving inhaled beta agonists and/or anticholinergic medications should be observed for a least one-hour following treatment for return of symptoms.

Ranitidine: Ranitidine is an adjunctive therapy to Benadryl (with or without epinephrine) in anaphylaxis & severe allergic reactions. It is not a stand-alone intervention.