

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8001.14
	<u>PROGRAM DOCUMENT:</u> Allergic Reaction / Anaphylaxis	Draft Date:	10/26/94
		Effective:	11/01/16
		Revised:	07/22/16
		Review:	11/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as treatment standard for EMT's and Paramedics in treating patients with signs and symptoms of Allergic Reaction and/or Anaphylaxis.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

ALLERGIC REACTION:

A local response to an antigen involving the skin (rash, hives, edema, etc.) with normal vital signs. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may deteriorate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 > 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway Adjuncts as needed.
Remove sting/injection mechanism.
Transport and begin therapy simultaneously.

ALS TREATMENT

Diphenhydramine: 50mg –PO,IM or IV

ANAPHYLAXIS:

A systemic response to an antigen involving two (2) or more organ systems OR any involvement of the upper and/or lower respiratory systems OR any derangement of vital signs.

BLS TREATMENT

Supplemental O₂ as necessary to maintain SpO₂ > 94%. Use the lowest concentration and flow rate of O₂ as possible.

Airway adjuncts as needed.

Remove sting/injection mechanism.

Assist patient in the use of patient prescribed medication including auto-injectors.

Transport and begin therapy simultaneously.

ALS TREATMENT

Epinephrine: 0.3 mg of 1:1,000 IM.

Establish large bore IV access with normal saline (NS); titrate to systolic B/P of 90-100mm Hg.

Diphenhydramine: 50 mg ~~IV/IM or IO.~~ **IV/IO or IM.**

Cardiac and SpO₂ monitoring.

Albuterol: 2.5 mg (3ml unit dose) HHN for wheezing. Reassess after first treatment. May be repeated as needed based on reassessment.

Consider CPAP.

BASE HOSPITAL ORDER ONLY:

Epinephrine: 0.1mg increments of 1:10,000, slow IV push, for stridor and hypotension, until a systolic B/P > 90mm Hg OR a total of 0.5 mg. is given.