

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8001.15
	PROGRAM DOCUMENT:	Initial Date:	10/26/94
	Allergic Reaction / Anaphylaxis	Last Approval Date:	11/01/16
		Effective Date:	05/01/19
		Next Review Date:	09/01/20

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as treatment standard for 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:

A. ALLERGIC REACTION:

Local response **Sensitivity** to an antigen **allergen** involving **causing**: rash, hives, edema, **nasal congestion, watery eyes and/or angioedema not involving the airway**, 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
<ul style="list-style-type: none"> I. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible. II. Airway adjuncts as needed. III. Remove sting/injection mechanism. IV. Transport and begin therapy simultaneously.
ALS
<ul style="list-style-type: none"> I. Diphenhydramine: 50mg - PO,IM or IV. II. Consider vascular access. III. Monitor and reassess.

B. ANAPHYLAXIS:

A systemic Allergic reaction to an antigen involving two (2) leading to bronchospasm, widespread peripheral vasodilation, and/or increased permeability of the capillaries, which can cause one (1) or more organ systems, of the following symptoms: any involvement of the upper and/or lower respiratory systems—derangement of vital signs. Stridor, wheezing, hoarseness, edema involving the airway, hypotension (< 90mmHg), airway compromise, or altered mental status.

BLS	
I. Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020	
II. Remove sting/injection mechanism.	
III. Assist patient or administer Epinephrine by auto-injector for anaphylaxis.	
IV. Transport and begin therapy simultaneously.	
ALS	
I. Epinephrine: 1:1,000	
<ul style="list-style-type: none">• 0.3 mg IM (Max dose 0.5 mg).• May repeat in 20 minutes if symptoms persist.	
II. Establish large bore venous access with normal saline (NS); titrate to systolic B/P to 90-100mmHG	
III. Diphenhydramine: 50 mg IV/IO/IM.	
IV. Cardiac and SpO2 monitoring.	
V. Albuterol: 2-5 5 mg (3 6 ml unit dose) HHN for wheezing. Reassess after first treatment. May be repeated as needed for respiratory distress. based on reassessment.	
VI. Consider CPAP.	
VII. BASE HOSPITAL ORDER ONLY: If no signs of improvement and patient in extremis:	
<ul style="list-style-type: none">• Epinephrine: 0.01mg increments of 1:100,000, slow IV push, for stridor and hypotension, until a systolic B/P > 90mm Hg OR a total of 0.5 mg. is given.• Epinephrine 0.01mg/ml (10mcg/ml)• DOSE: 0.5-2 ml every 2-5 minutes (5-20 mcg) IV/IO, titrate to SBP > 90	
NOTE: Epinephrine should be used cautiously in patients > 35 years old, or with a history of CAD or HTN	
VIII. Inadequate response to Epinephrine and patient is on Beta Blockers:	
<ul style="list-style-type: none">• Glucagon 1 mg IV/IO give over one (1) minute. May give IM if no vascular access or delay is anticipated.	

OLD CHARTS

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 or administer epinephrine by auto-injector for anaphylaxis.

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/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.