	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8001.15
	PROGRAM DOCUMENT: **Allergic Reaction / Anaphylaxis**	Initial Date:	10/26/94
		Last Approval Date:	09/13/18
		Effective Date:	11/01/18
		Next Review Date:	09/01/20

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EMS Medical Director

Signature on File
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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:**

Sensitivity to an allergen causing: rash, hives, edema, nasal congestion, watery eyes and/or angioedema not involving the airway, with normal vital signs. Remember that allergic reactions may deteriorate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

BLS
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
I. Diphenhydramine: 50mg – PO/IM/IV. II. Consider vascular access. III. Monitor and reassess.

B. **ANAPHYLAXIS:**

An allergic reaction leading to bronchospasm, widespread peripheral vasodilation, and/or increased permeability of the capillaries, which can cause one (1) or more of the following symptoms: Stridor, wheezing, hoarseness, edema involving the airway, hypotension (< 90 mmHg), 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 • 0.3 mg IM (Max dose 0.9 mg). • May repeat in 15 minutes up to three (3) doses if symptoms persist. II. Establish large bore venous access with normal saline (NS); titrate to systolic B/P to >90 mmHG III. Diphenhydramine: 50 mg IV/IO/IM. IV. Cardiac and SpO2 monitoring. V. Albuterol: 5 mg (6 ml unit dose) HHN for wheezing. Reassess after first treatment. May be repeated as needed for respiratory distress. VI. Consider CPAP. VII. BASE HOSPITAL ORDER ONLY: If no signs of improvement and patient in extremis: • Epinephrine: 0.01 mg/ml (10mcg/ml)-0.5-2 ml every 2-5 minutes (5-20mcg) IV/IO, for stridor and hypotension, until a systolic B/P > 90 mmHg OR a total of 0.5 mg. is given. 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: • Glucagon 1 mg IV/IO give over one (1) minute. May give IM if no vascular access or delay is anticipated.