

WEST MICHIGAN REGIONAL PROTOCOL

ALLERGIC REACTION/ANAPHYLAXIS PROTOCOL

Number: II.C.2.
Date: 3/22/01
Page: 1 of 2

Purpose: To provide a process for the assessment and management of the patient experiencing an allergic or anaphylactic reaction.

- M B S P**
- I. Assessment Information**
- A. History:
1. Past Medical History: prior allergic reactions, asthma or other respiratory condition
 2. Current History: exposure to allergens (food, medication, sting, etc)
- B. Specific Objective Findings:
1. Respirations: respiratory distress, wheezing, stridor, and/or retractions.
 2. Swelling: facial, tongue, and/or upper airway
 3. Vital signs: hypotension, tachycardia
 4. Skin: itching, hives, swelling, flushing, rash
 5. General: nausea, weakness
 6. Medications
- M B S P**
- II. Management**
- A. Utilize universal precautions.
- B. Establish and maintain airway, provide oxygenation and support ventilation as needed.
1. Upright position if not hypotensive
 2. Consider early intubation before laryngeal swelling becomes severe.
- S P**
- M B S P**
- P**
- S P**
- C. Determine substance or source of exposure, remove patient from source if known.
- D. Monitor EKG
- E. Obtain vascular access
1. If patient is hypotensive, administer 300ml fluid bolus (adult) with repeat as needed, titrating to signs of adequate perfusion. (20ml/kg for peds)
- F. Immediate transport
- G. If patient is symptomatic, consider administration of **diphenhydramine**: 50 mg IM or IV (1.5 mg/kg IM or IV in peds).
- H. **In cases of severe allergic reaction with hypotension** and profound distress in patient 40 years old or younger:
- a. Administer **epinephrine 1:1000**, 0.3 mg (0.3 ml) SQ,
Peds 0.01 mg/kg (0.01 ml/kg)
- P**
- P**
- I. Administer **albuterol aerosol** 2.5 mg, repeated at 2.5 mg if no improvement. (Peds < 5 years old, 1.25 mg) if patient wheezing and pulse is not over 140 (Peds repeat 1.25mg).

CONTACT MEDICAL CONTROL

- B S**
- P**
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- J. **Possible orders post radio contact:**
1. Additional Epinephrine 1:1,000 SQ
 2. If available, administer epinephrine auto-injector: 0.3 mg IM in adult; 0.15mg IM in peds.
 3. Epinephrine 1:10,000, 0.3 mg (3 ml of 1:10,000 solution), slow IV for profound anaphylactic shock (near cardiac arrest) with laryngeal edema.
 4. Consider albuterol aerosol (2.5 mg in adult; 1.25mg in peds < 5 years old, repeated as ordered).

III. Special Considerations

- A. Anxiety, tremors, palpitations, tachycardia & headache are not uncommon with the administration of Epinephrine. In elderly patients; angina, MI or dysrhythmias may be precipitated. Epinephrine may induce vomiting in children.
- B. Assess carefully to rule out hyperventilation syndrome as patient's occasionally think they are having an allergic reaction.

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Number:

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Page:

2 of 2

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- C. Lethal edema may be localized to the tongue, uvula or other upper airway structures. Be prepared for early intubation.

5/12/98

3/22/01