

**Allergic Reaction/Anaphylaxis**

- Signs & Symptoms:
- Cardiovascular – hypoperfusion (decreased circulation)
  - Respiratory – Acute respiratory distress, stridor, wheezing
  - CNS – headache, dizziness, seizure
  - GI – Abd. Pain, nausea, emesis, diarrhea
  - Skin – Rash, itching, welts and/or hives

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

 **Universal Patient Care SMO** 

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| <br>EMR | <ol style="list-style-type: none"> <li>1. Ensure that the patient has a patent airway, is breathing and has perfusing pulse.</li> <li>2. Monitor airway status</li> <li>3. Reassess patient and reassure patient and family.</li> <li>4. Oxygen: Titrate to 94-99%.</li> <li>5. <b>Epi-Pen:</b> If the patient has a history of allergic reactions and has in their possession a prescribed <b>Epi-Pen</b>, is suffering hives, wheezing, has hoarseness, hypotension, ALOC or indicates history of anaphylaxis, assist patient with administering <b>Epi-Pen</b></li> <li>6. <b>Albuterol 2.5 mg</b> via nebulizer over <b>10 minutes</b>. May repeat as needed</li> <li>7. Check and record vital signs every 5 minutes, if serious, 15 minutes if minor to moderate, until the transporting unit arrives.</li> </ol> | <br>EMR |
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MC

  
EMT

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|  | <ol style="list-style-type: none"> <li>1. Continue EMR care.</li> <li>2. Apply cardiac monitor and obtain 12-lead EKG, if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms.</li> <li>3. Initiate ALS intercept for further medications, if indicated.</li> <li>4. Administer <b>EPI 1:1000 0.3mg IM, contact Medical Control for additional doses.</b></li> <li>5. <b>Albuterol 2.5 mg</b> via nebulizer over <b>10 minutes</b>. May repeat as needed.</li> <li>6. Administer <b>Benadryl 50mg orally</b></li> <li>7. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.</li> </ol> | <br>EMT | <br>MC |
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|  | <ol style="list-style-type: none"> <li>1. Continue EMT care.</li> <li>2. Initiate IV Normal Saline to maintain a SBP &gt; 90 mmHg.</li> <li>3. If wheezing persists and SBP is &gt;90mmHg, consider adding <b>Atrovent 0.5mg</b> to nebulizer.</li> <li>4. <b>Benadryl:</b> 50mg IV or IM for severe itching and/or hives.</li> <li>5. If BP &lt; 90 mmHg, give 20mL/kg fluid bolus of Normal Saline and re-assess.</li> <li>6. Administer <b>Epinephrine 1:1000. 0.3 mg IM or SQ</b> if patient has respiratory distress (inspiratory &amp; expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC. May repeat x1 in <b>10 minutes</b> if necessary.</li> <li>7. Consider ALS intercept should the situation warrant additional medication.</li> <li>8. Be prepared to intubate if there are signs of airway compromise.</li> <li>9. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.</li> <li>10. <b>ALS Only- Solu-Medrol 125 mg IV</b></li> <li>11. <b>ALS Only- If patient remains hypotensive (BP &lt; 90 mmHg systolic), begin Dopamine infusion at 5mcg/kg/min. Increase by 5mcg/kg/min every 2 MINUTES to achieve and maintain a SBP at least 100mmHg. Max dose of 20mcg/kg/min. Closely monitor vitals (every 5 minutes).</b></li> </ol> | <br>I | <br>P |
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