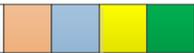


Allergic Reaction/Anaphylaxis

- 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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|  EMR | <ol style="list-style-type: none"> 1. Ensure that the patient has a patent airway, is breathing and has perfusing pulse. 2. Monitor airway status 3. Reassess patient and reassure patient and family. 4. Oxygen: Titrate to 94-99%. 5. Epi-Pen: If the patient has a history of allergic reactions and has in their possession a prescribed Epi-Pen, is suffering hives, wheezing, has hoarseness, hypotension, ALOC or indicates history of anaphylaxis, assist patient with administering Epi-Pen 6. Check and record vital signs every 5 minutes, if serious, 15 minutes if minor to moderate, until the transporting unit arrives. |  EMR |
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|  MC |  EMT | <ol style="list-style-type: none"> 1. Continue EMR care. 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. 3. Initiate ALS intercept for further medications, if indicated. 4. Administer EPI 1:1000 0.3mg IM, contact Medical Control for additional doses. 5. Albuterol 2.5 mg via nebulizer over 10 minutes. May repeat as needed. 6. Administer Benadryl 50mg orally 6. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary. |  EMT |  MC |
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|  I |  P | <ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV Normal Saline to maintain a SBP > 90 mmHg. 3. If wheezing persists and SBP is >90mmHg, consider adding Atrovent 0.5mg to nebulizer. 4. Benadryl: 50mg IV or IM for severe itching and/or hives. 5. If BP < 90 mmHg, give 20mL/kg fluid bolus of Normal Saline and re-assess. 6. Administer Epinephrine 1:1000. 0.3 mg IM or SQ if patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC. May repeat x1 in 10 minutes if necessary. 7. Consider ALS intercept should the situation warrant additional medication. 8. Be prepared to intubate if there are signs of airway compromise. 9. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary. 10. ALS Only- Solu-Medrol 125 mg IV 11. ALS Only- If patient remains hypotensive (BP < 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). |  I |  P |
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