

## Anaphylaxis & Allergic Reactions – 10.030

### TREATMENT:

- A. Treat per Universal Patient Care.
- B. Remove stinger or source of toxin.
- C. If Resp <10 or >30 oxygen 100% and assist with BVM prn.
- D. If patient exhibits signs of progressive anaphylaxis and/or respiratory distress:
  1. Administer **1:1,000 Epinephrine 0.5 mg IM**.
  2. Administer **2.5 mg Albuterol nebulized** if wheezing persists.
  3. With diminished perfusion or shock symptoms, consider:
    - a) **1:100,000 Epinephrine 4 mcg/min IV/IO**. Increasing by 4 mcg/min to a max of 30 mcg/min.
    - b) Epinephrine IV should not be given unless signs of cardiovascular collapse or respiratory distress are present.
    - c) Treat with fluid challenge per Shock Protocol.
  4. If no improvement noted repeat **Epinephrine** as needed every 5-15 min.
- E. Consider **Diphenhydramine 25-50mg IV/IO/IM**. For itching, flushing or hives.
- F. Consider corticosteroid administration: **Dexamethasone 10 mg** or **Methylprednisolone 125 mg IV/IO/IM**.
- G. If unable to secure a protected airway or unable to ventilate with BVM after epinephrine has been administered, a cricothyrotomy may be required.

### PEDIATRIC PATIENTS:

- A. If patient exhibits signs of progressive anaphylaxis and/or significant respiratory distress:
  1. With normal perfusion, administer **1:1,000 Epinephrine 0.01 mg/kg IM** to a maximum single dose of 0.5 mg IM.
  2. With diminished perfusion or shock symptoms administer:
    - a) **1:1,000 Epinephrine 0.01 mg/kg IM** to a maximum of single dose 0.5 mg OR
    - b) **1:100,000 Epinephrine 0.01 mg/kg slow IV/IO**. Not to exceed adult dose.
    - c) Epinephrine IV should not be given unless signs of cardiovascular collapse or respiratory distress are present.
    - d) Treat with fluid challenge per Shock Protocol.
      1. (Ped fluid bolus 20cc/ kg)
      2. Hypotensive systolic B/P 70 +(2 x age)
      3. Use caution if more than 2 bolus needed\*\*\*\*
  3. If no improvement noted repeat epinephrine every 5 minutes.
- B. Consider **Diphenhydramine 1-2 mg/kg IM** or slow IV/IO to a maximum of 50 mg.
- C. Consider corticosteroid administration: **Dexamethasone 0.6 mg/kg** or **Methylprednisolone 2 mg/kg IV/IO/IM** not to exceed adult dosaging.

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### NOTES & PRECAUTIONS:

- A. Allergic reactions, even systemic in nature, are not necessarily anaphylaxis. Treatment may not be indicated if only hives and itching are present.
- B. Epinephrine increases cardiac workload and may cause angina or AMI in some individuals. Consider lower dose (0.3 mg) in elderly pts.
- C. Common side effects of Epinephrine include anxiety, tremor, palpitations, tachycardia and headache particularly with IV administration.
- D. Contact Medical control if after Epinephrine administration, anaphylaxis or symptoms persist.

### KEY CONSIDERATIONS:

Toxic exposure, insect bites, recent exposure to allergen, dyspnea or hives, abdominal cramps, known allergens, chest or throat tightness, swelling, numbness