**EMR ANAPHYLAXIS PROTOCOL**

The EMR must initiate load and transport right after the Primary Survey. However, Epinephrine may be administered prior to load and transport if time permits

**Indications – Patient MUST have ALL of the following:**

* History of an allergy or exposure to an allergen
* A prescription to epinephrine and have their own auto-injector
* Signs and Symptoms of anaphylaxis (generalized itchiness, hives and redness 1, respiratory distress 2, altered level of consciousness 3).

**Complete Primary Survey**

**Complete History and Initial Vital Signs**

* History of an allergy or exposure to an allergen
* Prescription to epinephrine (patient has own auto-injector)
* Signs and Symptoms of anaphylaxis

**Obtain consent from patient to administer patient-prescribed medication via auto-injector** 4

* Assess medication for clarity, precipitate and expiry date
* Expose and cleanse injection site 3

**Inject Epinephrine:**

* Remove auto-injector from its case and with the needle end pointing to the patient;
* Using a firm jabbing motion insert auto-injector 90o to the thigh 5 and hold firmly against thigh for approximately 10 seconds to allow the epinephrine to enter the body.
* Remove auto-injector and place in a sharp container
* Massage injection site to promote absorption.

* Document time, dose, route and effect
* Continue with Head-to-Toe assessment and monitor vital signs

**Footnotes:**

1. Itchiness, hives and redness on its own is not a sign of anaphylaxis.
2. Respiratory distress may include tightness in the chest, wheezes, coughing, sense of throat closing, crowing like sounds or cyanosis.
3. Altered level of consciousness may include a decreased GCS, anxiety, restlessness or fear.
4. Patient must comprehend the request and give permission to administer the epinephrine.
5. Injection site is the lateral aspect of the thigh midway between the knee and hip. Auto-injector can be used through clothing but it is not ideal.

Notify Emergency Room Doctor while enroute