

# ALLERGIC REACTION/ANAPHYLAXIS

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ Routine Medical Assessment and Intervention.</li> <li>❑ Consider present history and possible cause (ex. bites/stings, toxic substances, nuts, fish, fruit, medications, etc).</li> <li>❑ Evaluate for signs of a severe systemic reaction which will likely require rapid intervention and/or administration of Epinephrine:             <ul style="list-style-type: none"> <li>○ Edema, hypotension, respiratory distress, vomiting.</li> </ul> </li> <li>❑ Oxygen as needed.</li> <li>❑ <b>May utilize automatic injector device</b> <ul style="list-style-type: none"> <li>○ <b>Epinephrine (0.3mg)</b> into thigh or shoulder.</li> </ul> </li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ <b>Epinephrine 1:1000 0.3 mg IM.</b> May repeat if the following remain: blood pressure &lt; 100, Heart rate &gt; 100, with associated signs of shock. If more than 2 doses of Epi needed, <b>contact OLMC.</b></li> <li>❑ <b>May assist with prescribed metered dose inhaler</b> – administer as indicated on prescription</li> <li>❑ <b>OR if know Asthmatic/COPD with allergic reaction, may consider, Albuterol</b> unit dose – 2.5mg in 3cc ‘pearl’ administer by small volume nebulizer @ 6 to 8 LPM oxygen flow             <ul style="list-style-type: none"> <li>○ Dose may be repeated as needed q 20 minutes.</li> </ul> </li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access as needed and indicated</li> <li>❑ Obtain ECG as needed and indicated</li> <li>❑ <b>Administer Normal Saline</b> per Shock guideline.</li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ Consider administration of <b>Benadryl 25-50 mg IV/IO or IM</b> following administration of Epinephrine or for more mild reactions.</li> <li>❑ If no response to IM Epinephrine, may contact <b>OLMC</b> to request use of <b>IV Epinephrine 1:10,000 0.3 mg slow IV/IO over 3 minutes.</b></li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ If no response to above treatments, consider <b>Epinephrine Drip at 0.4 mcg/min</b>, titrate to effect, max 10 mcg/min.</li> <li>❑ When available, may consider administration of <b>Solu-Medrol 80mg to 125 mg IV/IO/IM</b></li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Exercise caution when administering Epinephrine to patients over age 50, due to concern for potential cardiac complications.
- ❑ Epinephrine Drip: Mix 8 mg 1:1000 in 1000 ml NS. See flow rates in Medication Drip Appendix