



# Allergic Reaction/Anaphylaxis

## Medical

### CRITERIA

An observed or suspected allergic reaction to foods, venom, environmental agents, chemicals or medications manifested as but not limited to:

- Acute allergic reaction with urticaria, itching, tightness in chest or throat
- Acute allergic reaction with anxiety, respiratory distress
- Anaphylaxis with upper-airway compromise, respiratory insufficiency, altered mental status, tightness in chest or throat and/or hypotension

### PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol</i>	EMR
EMT	Remove stinger if present. Do not squeeze stinger; scrape it away with a flat surface	EMT
<b><u>Acute Allergic Reaction</u></b>		
[A]	Administer <i>Diphenhydramine (Benadryl) 25 mg IM or slow IV/IO, may repeat in 10 minutes</i>	[A]
[A]	<b>Wheezing present:</b> Administer <i>unit dose nebulized Albuterol Sulfate (Proventil) (3 mL of 0.083% solution), may repeat</i>	[A]
[I]	Administer <i>Methylprednisolone Succinate (Solu-Medrol) 125 mg slow IV</i>	[I]
<b><u>Anaphylaxis</u></b>		
EMT	Administer <i>Epinephrine auto-injector</i> from Yellow Epi Box (if available) or use the patient's own <i>Epinephrine auto-injector</i> or	EMT
A	Administer <i>Epinephrine 1:1,000 0.3mg (0.3 mL) IM</i>	A
A	If the patient is hypotensive, administer a <i>20 mL/kg fluid bolus 0.9% Normal Saline up to 1000 mL</i> , then reassess	A
I	<b>When a patient is hemodynamically unstable, in profound shock or in case of impending cardiopulmonary arrest, move immediately to:</b> <i>Epinephrine 1:10,000 0.1mg IV/IO (1mL), maximum dose of 0.3mg</i>	I
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### PEARLS

- If there is no *Epinephrine 1:10,000 preloaded syringe*, combine in a *10 mL syringe: 1 mg (1 mL) of Epinephrine 1:1,000 with 9 mL 0.9% Normal Saline*. This creates the same as an *Epinephrine 1:10,000 preloaded syringe*. *Maximum dose of 0.3mg*