Designation of Condition: Allergic reactions and anaphylaxis can be true life-threatening emergencies. It is considered highly likely when the patient presents with acute onset of symptoms (minutes to a few hours), often after exposure to a likely antigen. A localized allergic reaction (e.g., urticaria or angioedema that does not compromise the airway) may be treated with antihistamine therapy. When anaphylaxis is suspected, EMS personnel should always consider epinephrine as first-line treatment. Cardiovascular collapse may occur abruptly, without the prior development of skin or respiratory symptoms. Constant monitoring of the patient's airway and breathing is essential.

**Adult Medical Allergic Reaction/Anaphylaxis**

**Oxygen**
Apply cardiac monitor and assess vital signs

**IV/IO**

Assess Symptom Severity / Suspected Exposure to Allergen

- **Mild**
  - Rash/Hives, itching, no difficulty breathing or throat tightening/lip or tongue swelling
  - **Consider** Epinephrine 1:1000 IM or Epi-Pen if Hx of severe reactions
  - **I** Diphenhydramine 0.5–1mg/kg IV/IO/IM to a max of 50mg

- **Moderate**
  - Rash, itching, wheezing, throat tightening, swelling to lips and face, abdominal pain, vomiting, diarrhea, B/P in normal limits
  - **Consider** Epinephrine 1:1000 IM or Epi-Pen if Hx of severe reactions
  - **B** Albuterol 5mg and Ipratropium 0.5mg Consider CPAP if no immediate airway swelling
  - **I** Diphenhydramine 0.5–1mg/kg IV/IO/IM to a max of 50mg

- **Severe**
  - 2+ body systems, +Airway compromise, swelling, wheezing, nausea/vomiting, abd pain, diarrhea, or isolated hypotension
  - **B** Epinephrine 1:1000 IM or Epi-Pen
  - **Duoneb** Albuterol 5mg and Ipratropium 0.5mg Consider CPAP if no immediate airway swelling
  - **I** Diphenhydramine 0.5–1mg/kg IV/IO/IM to a max of 50mg
  - Fluid bolus 20cc/kg to maintain a SBP >90mmHg

**P**
Dexamethasone 10mg IV/IO/IM SIVP over 2 minutes

Consider advanced airway management, including cric. If stridor present, consider nebulized epinephrine Dexamethasone 10mg IV/IO/IM SIVP over 2 minutes

Consider as first line:
- Epinephrine mini-bolus of 0.5–1cc of 1:100,000 IV/IO q 1 min PRN
- or  
  Epinephrine Drip of 2 mcg/min IV/IO, increase 2mcg/min to max of 10mcg/min
- or  
  Norepinephrine drip of 4 mcg/min IV/IO, increase 2 mcg/min to a max of 10 mcg/min
  Goal of SBP >90mmHg