



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

ALLERGIC REACTION & ANAPHYLAXIS	
Adult	Pediatric
Definitions	
<p>Allergic Reaction: Acute onset cutaneous reactions with any of the following symptoms: hives, pruritus, flushing, rash, or angioedema not involving the airway.</p> <p>Anaphylaxis: Systemic reaction with 1 or more of the following symptoms: stridor, wheezing, hoarseness, edema involving the airway, hypotension, airway compromise, and/or decreased level of consciousness.</p>	
BLS	
Assess vital signs O ₂ , titrate SpO ₂ to ≥ 94% Lung Sounds Assist ventilations as appropriate	
BLS Local Scope	
Anaphylaxis (> 30 kg)	Anaphylaxis (15 - 30 kg)
Epinephrine Auto Injector 0.3 mg IM <ul style="list-style-type: none"> Inject deep IM into the lateral thigh, midway between waist and knee No repeat Record time of injection 	Epinephrine Auto Injector 0.15 mg IM <ul style="list-style-type: none"> Inject deep IM into the lateral thigh, midway between waist and knee No repeat Record time of injection
ALS	
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access	
Allergic Reaction	
Diphenhydramine 1 mg/kg IV/IM/PO <ul style="list-style-type: none"> Max 50 mg 	



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ALS cont.	
Anaphylaxis	
<p>Epinephrine (1:1,000) 0.3 mg IM</p> <ul style="list-style-type: none"> Deltoid May repeat x 2 every 10 minutes <p align="center"><u>If no signs of improvement</u></p> <p>Epinephrine (1:10,000) 0.1 mg IV/IO</p> <ul style="list-style-type: none"> May repeat every 10 minutes if SBP < 90 or stridor <p align="center"><u>If SBP < 90 mmHg</u></p> <p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none"> May repeat as needed <p align="center"><u>If no response and patient on Beta Blockers</u></p> <p>Glucagon 1 mg IV/IO</p> <ul style="list-style-type: none"> Given over 1 minute No repeat <p align="center"><u>If no IV/IO</u></p> <p>Glucagon 1 mg IM/IN</p> <ul style="list-style-type: none"> No repeat 	<p>Epinephrine (1:1,000) 0.01 mg/kg IM</p> <ul style="list-style-type: none"> Deltoid or thigh Max 0.3 mg No repeat <p align="center"><u>If no signs of improvement</u></p> <p>Epinephrine (1:10,000) 0.01 mg/kg IV/IO</p> <ul style="list-style-type: none"> Max single dose 0.1 mg No repeat <p align="center"><u>If SBP < normal range for age</u></p> <p>Fluid Bolus NS 20 mL/kg IV/IO</p> <ul style="list-style-type: none"> Titrate to age appropriate SBP
Wheezing/Bronchospasm	
Albuterol 5 mg Nebulized	
Direction	
<ul style="list-style-type: none"> Contact Receiving ED Physician for additional treatment 	