EMS Adult Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Allergic Reaction/ Anaphylaxis</th>
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<tr>
<td>Original Adoption Date:</td>
<td>8/2000</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Basic Treatment Guidelines:**
Follow initial protocol for all patients.

**Advanced Treatment Guidelines:**
*NOTE: Consider Capnography to assist in the evaluation of the patient’s ventilatory and oxygenation status.

**Allergic Reaction without respiratory compromise:**
**DIPHENHYDRAMINE** 25-50 mg IM or slow IV push.

**Allergic Reaction with respiratory compromise, bronchoconstriction, and or hypotension:**
1. Establish IV access at a TKO rate for normal blood pressure, or as appropriate if hypotensive. Hypotensive patients may require 1-2 liters **NORMAL SALINE**.

2. For wheezing, consider mixing **IPRATROPIUM** 0.5 mg/2.5 ml of **NORMAL SALINE** with **ALBUTEROL** 2.5 mg in 3.0 ml of **NORMAL SALINE**.
   Administer by nebulizer for one dose followed by **ALBUTEROL** 2.5 mg in 3.0 ml **NORMAL SALINE** as needed.

2. **EPINEPHRINE** 0.3-0.5 mg. of 1:1000 solution IM, Consider the following doses
   - 0.3 mg IM for 50 kg pt.
   - 0.4 mg IM for 70 kg pt.
   - 0.5 mg IM for 90 kg pt.
   - May repeat in 15 minutes if needed
     - If treating a bite or sting, inject proximal to the site when possible.
     - Use caution in patients with coronary artery disease.
3. **DIPHENHYDRAMINE** 25-50 mg IM or slow IV push.

4. **METHYLPRERDSOLONE SUCCINATE** 125 mg IV over 1 minute.

5. If persistent hypotension occurs, initiate a **NOREPINEPHRINE** infusion 0.05 mcg/kg/min titrate in increments of 0.05 mcg/kg/min every 2 minutes to a maximum of 0.3 mcg/kg/min. ECPs must obtain orders from medical control to administer doses greater than 0.3 mcg/kg/min.