C4. Allergic Reaction/Anaphylaxis

Goals:
- Provide timely treatment for potentially life threatening reactions
- Prevent cardio-respiratory compromise or shock

Signs/Symptoms:
- Respiratory Distress/Wheezing
- Angioedema
- Hypotension
- Hives/Rash

Documentation Key Points:
- Medications Administered
- Time/Route of administration
- Signs/Symptoms associated with reaction
- Possible etiology

Follow Initial Protocol for All Patients

Anaphylaxis or Allergic Reaction?

H16. Epinephrine 1:1,000 IM
- <25 kg - 0.15 mg
- 25-50 kg - 0.3 mg
- 60 kg - 0.4 mg
- 70 kg - 0.5 mg
- Repeat every 15 minutes as needed
- May utilize patients Epi Auotinjector if available

Signs of hypoperfusion?

Yes

H13. Diphenhydramine 1 mg/kg
- Adult Max 50 mg IV/IO/IM
- Pediatric Max 25 mg IV/IO/IM

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- Adult Max 50 mg IV/IO/IM
- Pediatric Max 25 mg IV/IO/IM

If at any time patient decompensates

H16. Epinephrine IM doses are needed, consider Epinephrine infusion

C12. Shock Guideline
Specifically Epinephrine Infusion

H13. Diphenhydramine 1 mg/kg
- Adult Max 50 mg IV/IO/IM
- Pediatric Max 25 mg IV/IO/IM

H3. Albuterol 2.5 mg

H24. Ipratropium Bromide 0.5 mg

H32. Methylprednisolone
- Adult: 125 mg IV over 1 minute
- Pediatric: 2 mg/kg IV over 1 minute

If multiple H16. Epinephrine IM doses are needed, consider Epinephrine infusion

H24. Ipratropium Bromide 0.5 mg

H3. Albuterol 2.5 mg

H32. Methylprednisolone
- Adult: 125 mg IV over 1 minute
- Pediatric: 2 mg/kg IV over 1 minute

H16. Epinephrine

Anaphylactic Allergic Reaction:
Acute onset of skin urticaria and/or mucosa with respiratory compromise.

OR

Hypotension following an exposure to a known allergen.

OR

2 or more of the following:
- Skin/Mucosal Involvement (Urticaria, itchy, swollen tongue/lips)
- Respiratory Compromise
- Persistent gastrointestinal symptoms
- Hypotension or associated symptoms (Syncope, Hypotonia, incontinence)

Non-Anaphylactic Allergic Reaction
Signs involving only one organ system

Special Considerations
- Allergic/Anaphylactic reactions are life threatening and should be treated as such, while localized reactions may be treated with antihistamines. A true reaction should be treated with H16. Epinephrine as a first line medication.
- Constantly assessing patient for airway compromise is important as compromise can occur quickly.
- Allergic/Anaphylactic reactions may or may not have cutaneous manifestations
- Use H16. Epinephrine with caution in patients with coronary artery disease

Protocol: C4. Allergic Reaction/Anaphylaxis
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