BLS

- Ensure patent airway
- O₂ saturation PRN
- O₂ and/or ventilate PRN
- Attempt to identify allergen & route (injected, ingested, absorbed, or inhaled)
- Safely remove allergen (e.g., stinger, injection mechanism), if possible
- Epinephrine auto-injector 0.3 mg IM x1
- May assist patient to self-medicate own prescribed epinephrine auto-injector or albuterol MDI once only. BH contact required for additional dose(s).

ALS

- Monitor/EKG
- IV/IO SO
- Capnography SO PRN

Allergic reactions (skin signs only)
- Urticaria (hives, rash)
- Erythema (flushing)
- Pruritus (itching)
- Diphenhydramine 50 mg IV/IM SO

Suspected anaphylactic reactions
- Respiratory: throat tightness, hoarse voice, wheezing/stridor, cough, SOB
- Cardiovascular: fainting, dizziness, tachycardia, low BP
- GI: nausea, vomiting, abdominal cramping
- Tissues: angioedema of eyelids, lips, tongue, face

Anaphylaxis treatment
- Epinephrine 1:1,000 (1 mg/mL) 0.3 mg IM SO, MR x2 q5 min SO then
- Diphenhydramine 50 mg IV/IM SO

Anaphylaxis with respiratory involvement
- Albuterol 6 mL 0.083% via nebulizer* SO, MR SO
- Ipratropium bromide 2.5 mL 0.02% via nebulizer† added to first dose of albuterol SO

Anaphylaxis with SBP <90 mmHg
- 500 mL fluid bolus IV/IO MR to maintain SBP ≥90 mmHg SO
- Push-dose epinephrine 1:100,000 (0.01 mg/mL)
  1 mL IV/IO BHO, MR q3 min, titrate to SBP ≥90 mmHg BHO

Push-dose epinephrine mixing instructions
1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe
The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

*Infection control: If concerned about aerosolized infectious exposure, substitute with albuterol MDI, if available
†Infection control: If concerned about aerosolized infectious exposure, use patient’s ipratropium bromide MDI, if available, or withhold ipratropium bromide