

 County of San Diego EMS A Division of San Diego County Fire	TREATMENT PROTOCOL		S-122
	ALLERGIC REACTION / ANAPHYLAXIS		
	Date: 7/1/2021		Page 1 of 1

BLS

ALS

• 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).	• 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.
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***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