



ALLERGIC REACTION / ANAPHYLAXIS

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BLS

ALS

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

- Monitor/ECG
- IV/IO [Ⓐ]
- Capnography

Allergic reaction (skin signs only)

- Urticaria (hives, rash)
- Erythema (flushing)
- Pruritus (itching)

Allergic reaction treatment

- Diphenhydramine 50 mg IV/IM

Suspected anaphylaxis reaction

- 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) 0.5 mg IM, MR x2 q5 min [Ⓐ]
then
- Diphenhydramine 50 mg IV/IM

If respiratory involvement¹

- Albuterol/Levalbuterol 6 mL via nebulizer, MR [Ⓐ]
- Ipratropium bromide 2.5 mL 0.02% via nebulizer added to first dose of albuterol/levalbuterol

Severe anaphylaxis or inadequate response to treatment

- 500 mL fluid bolus IV/IO MR to maintain SBP ≥90 mmHg [Ⓐ]
- Push-dose epinephrine 1:100,000 (0.01 mg/mL) 1 mL IV/IO, MR q3 min, titrate to SBP ≥90 mmHg or improvement in status

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.

¹ **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available