## Subject: Treatment Protocol - Allergic Reaction/Anaphylaxis

### BLS

- Ensure patent airway
- O₂ Saturation prn
- O₂ and/or ventilate prn
- Remove stinger/injection mechanism
- May assist patient to self-medicate own prescribed epinephrine auto-injector or MDI **ONE TIME ONLY**. Base Hospital contact required prior to any repeat dose.

If available and trained:
- Epinephrine auto-injector 0.3mg IM x1

### ALS

- Monitor EKG
- IV/IO **SO** adjust prn
- Capnography **SO** prn

**Hives (Urticaria)**
- Benadryl 50 mg IV/IM **SO**

**Anaphylaxis**

- Epinephrine 1:1,000 0.3 mg IM per **SO**. MR x2 q5 minutes **SO**
  
  **then**
  - 500 ml fluid bolus IV/IO for systolic BP <90 **SO**. MR to maintain systolic BP >90 **SO**
  - Benadryl 50 mg IM/IV **SO**
  - Albuterol 6 ml 0.083% via nebulizer **SO**. MR **SO** for respiratory involvement
  - Atrovent 2.5 ml 0.02% via nebulizer added to the first dose of Albuterol **SO** for respiratory involvement
  - Epinephrine 1:10,000 0.1 mg IV/IO **BHO**. MR x2 q3-5 minutes **BHO**
  - Dopamine 400 mg/250 ml @ 10-40 mcg/kg/min IV/IO drip. Titrate systolic BP >90 **BHO**

**Anaphylaxis criteria (may include any):**

1. *Unknown exposure*: Skin and respiratory and/or cardiovascular
2. *Likely allergen exposure* (e.g. bee sting, peanut;: 2/4 systems involved (skin, GI, respiratory, cardiovascular)
3. *Known allergen exposure*

**Angioedema**: lip/tongue/face swelling/difficulty swallowing/throat tightness, hoarse voice

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Note: EMTs not yet trained in epinephrine auto-injections may assist patient to self-medicate with patient’s prescribed epinephrine auto-injector.