


ALLERGIC REACTION / ANAPHYLAXIS

Anaphylaxis is an acute allergic reaction characterized by varying degrees of respiratory distress, hypotension, wheezing, hives, non-traumatic edema, and tachycardia. It may be precipitated by a bite or sting or from exposure to certain drugs or allergens. Respiratory Distress is categorized as follows:

- **Minimal Distress:** A slight increase in work of breathing with no wheezing or stridor evident.
 - **Moderate Distress:** A considerable increase in work of breathing with wheezing and/or abnormal breath sounds evident.
 - **Severe Distress:** Extreme work of breathing (retractions) with a decreased LOC.
- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. If reaction is secondary to a sting, remove injection mechanism, if present.
- C. If patient is in mild distress with hives or itching but no or minimal respiratory distress (i.e. no wheezing or stridor):
1. Immediately administer **Epinephrine**, 1:1000 0.3 mg IM.
 2. Reassess for improvement or worsening of reaction.
 3. Transport and notify **Medical Command**.
- D. If patient is in moderate distress with severe hives and/or moderate respiratory distress (i.e. wheezing):
1. Immediately administer **Epinephrine**, 1:1000 0.3 mg IM.
 2. Expedite transport if not already in transport.
 3. If patient still wheezing, administer **Albuterol** 2.5 mg combined with **Ipratropium Bromide (Atrovent®)** 0.5 mg (Combi-Vent / Duo-Neb) with oxygen 8 - 10 LPM. If **Ipratropium Bromide (Atrovent®)** is contraindicated or the patient is a pediatric, administer **Albuterol** only.
4. If patient is still in moderate distress, consider repeating **Epinephrine** one time **per MCP order**.



ALLERGIC REACTION / ANAPHYLAXIS

- E. If patient is in severe distress with signs of shock such as low blood pressure and/or decreased level of consciousness, treat as in “D” above and, if no response, then as follows:
1. Administer normal saline IV bolus of 20 ml/kg.
 2. **Contact Medical Command** and consider **Epinephrine** 1:10,000, 0.5 - 1.0 mg, slow IV **per order of MCP**. 
 3. Reassess and expedite transport.