	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8001.17
	PROGRAM DOCUMENT: **Allergic Reaction / Anaphylaxis**	Initial Date:	10/26/94
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Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To serve as treatment standard for treating patients with signs and symptoms of Allergic Reaction and/or Anaphylaxis.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Definition:

A. ALLERGIC REACTION: A local response to an antigen involving skin (rash, hives, edema, nasal congestion, watery eyes, etc.) with normal vital signs.
B. ANAPHYLAXIS: A systemic response to an antigen involving two (2) or more organ systems OR any involvement of the upper and/or lower respiratory systems OR any derangement of vital signs.

Notes:

A. High Risk Allergic Reaction: Allergic reaction with a history of anaphylaxis, or significant exposure with worsening symptoms. High risk allergic reactions should be monitored closely for deterioration, and treated as Anaphylaxis for any worsening symptoms.
B. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may deteriorate into anaphylaxis-reassess often and be prepared to treat for anaphylaxis.

Protocol:

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ALLERGIC REACTION:

1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible.
2. Airway adjuncts as needed.
3. Remove sting/injection mechanism.

ANAPHYLAXIS:

1. Administer Epinephrine auto-injector if needed:
   - > 30Kg Epinephrine auto-injector 0.3 mg IM. No repeat. Record time of injection.
2. Transport and begin therapy simultaneously.

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Allergic Reaction:

1. Consider Diphenhydramine: 50mg – PO/IM/IV.
2. Consider vascular access.
3. Cardiac monitoring
4. Reassess

ANAPHYLAXIS:

1. Epinephrine: 1:1,000
    - 0.3 mg IM (Max dose 0.9 mg).
    - May repeat in 15 minutes up to three (3) doses if symptoms persist.
2. Establish large bore venous access with normal saline (NS); titrate to systolic B/P to > 90 mmHG
3. Diphenhydramine: 50 mg IV/IO/IM.
4. Cardiac and SpO2 monitoring.
5. Albuterol: 5 mg (6 ml unit dose) HHN for wheezing. Reassess after first treatment. May be repeated as needed for respiratory distress.
6. Consider CPAP.
7. If no signs of improvement and patient in extremis (stridor, persistent hypotension, etc.):
    - Epinephrine: 0.01 mg/ml (10mcg/ml)-0.5-2 ml every 2-5 minutes (5-20mcg) IV/IO, for stridor and hypotension. Titrate to a minimal systolic B/P > 90 mmHg OR a total of 0.5 mg. is given.

NOTE: Epinephrine should be used cautiously in patients > 35 years old, or with a history of CAD or HTN.

8. Inadequate response to Epinephrine and patient is on Beta Blockers:
    - Glucagon 1 mg IV/IO give over one (1) minute. May give IM if no vascular access or delay is anticipated.