



EMT-Paramedic Treatment Protocol 4501

Allergic Reaction/Anaphylaxis

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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.

- A. Perform **MAMP Protocol 4201**.
- B. If from sting, remove injection mechanism, if present.
- C. If patient is in mild distress with hives or itching but no or minimal respiratory distress (no wheezing or stridor):

1. Consider diphenhydramine (*Benadryl*) per **MCP order**.

a. Adult: 25-50 mg, IM or slow IV.

b. Pediatric: 1 mg/kg, IM or slow IV - Maximum 25 mg.



2. Maintain normal saline IV at KVO.

3. Reassess for improvement or worsening of reaction.

4. Transport and notify Medical Command.

- D. If patient is in moderate distress with severe hives and/or moderate respiratory distress (wheezing):

1. Immediately administer epinephrine, 1:1000:

a. Adult: 0.3 mg SQ.

b. Pediatric: 0.01 mg/kg SQ (maximum single dose of 0.3 mg).

c. If age >50, per **MCP order**.





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2. Administer diphenhydramine (*Benadryl*):
 - a. Adult: 25-50 mg, IM or slow IV.
 - b. Pediatric: 1 mg/kg, IM or slow IV - Maximum 25 mg.
3. Expedite transport if not already in transport.
4. Maintain normal saline IV at 100 ml/hr.
5. Reassess and contact Medical Command.

6. If patient still wheezing consider, albuterol nebulizer 2.5 mg with oxygen at 8 to 10 LPM **per order of Medical Command.**



7. If patient is still in moderate distress, consider repeating epinephrine one time **per MCP order.**
8. Further treatment **per order of Medical Command and MCP.**



E. If patient is in severe distress with signs of shock such as low blood pressure and/or decreased level of consciousness, then treat as in "D" above, and if no response, then as follows:

1. Administer normal saline IV bolus of 20 ml/kg set to maximum flow rate.

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.
4. If shock continues, treat **per Adult Shock Protocol 4108** or **Pediatric Shock Protocol 4402.**