



EMSA-Intermediate Treatment Protocol 5501

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 5201**.
- 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. Maintain normal saline IV at KVO.
 2. Reassess for improvement or worsening of reaction.
 3. Transport without delay and contact Medical Command.
- D. If patient is in moderate distress with severe hives and/or moderate respiratory distress (wheezing), contact medical command.

1. Immediately administer epinephrine, 1:1000, **per order of MCP**.
 - 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**.



2. Expedite transport if not already in transport.
3. Maintain normal saline IV at 100 ml/hr.
4. Reassess and contact Medical Command.

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





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6. If patient is still in moderate distress, consider repeating epinephrine one time **per MCP order**.



7. 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 5108** or **Pediatric Shock Protocol 5402**.