

## Medical: Anaphylaxis and Allergic Reactions

### EMR

- ABC and vital signs
- Airway management with **oxygen** therapy maintaining a SaO<sub>2</sub> of 94-98% through titration.
- Determine if patient has utilized his/her own **Epi-Pen**
- Administer **Epi-Pen** Adult, infant/child **Epi Pen Jr.** if patient has hypotension and/or respiratory distress with airway swelling, hoarseness, stridor or wheezing



### EMR STOP

### EMT

- If trained, administer **\*Epinephrine** 1:1,000 IM 0.3 mg IM for adult and 0.15 mg IM for pediatrics, if patient has hypotension and/or respiratory distress with airway swelling, hoarseness, stridor or wheezing
- Record time of injection & reassess in two minutes
- Consider administration of 50mg **\*Diphenhydramine** Oral solution if fully alert and patient has no problems swallowing.
- If continued wheezing or shortness of breath **\*Albuterol** 2.5 mg in 3 ml (unit dose) via nebulizer, may consider **\*Atrovent** .5 mg with subsequent **Albuterol** or following Albuterol if wheezes continue.
- Cardiac Monitor



### EMT STOP

### EMT IV

- Vascular Access
- If patient has hypotension, follow hypovolemia-hypotension protocol

### ADVANCED EMT

- **\*Diphenhydramine (Benadryl)** 25 mg - 50 mg IV or IM



### ADVANCED EMT STOP

### Key Points/Considerations

- If an EMT has administered an Epi, or the patient utilized his/her own epinephrine auto injector, contact Medical Control prior to administering additional epinephrine subcutaneously