

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Allergic Reaction /
Anaphylaxis Protocol**

Allergic reactions can be triggered by virtually any allergen. An allergen is a substance (usually protein-based) which produces a hypersensitive reaction. Drugs (*e.g.* PCN, amoxicillin), blood products, foods (*e.g.* shellfish, peanuts) and envenomation (*e.g.* bee stings, spider bites) are examples of substances which may produce hypersensitive reactions.

Signs & symptoms of a hypersensitive reaction may range from isolated hives to wheezing, shock and cardiac arrest. Anaphylaxis is a life threatening reaction that requires prompt recognition and intervention. An anaphylactic reaction may result in airway compromise and circulatory collapse within minutes.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. **Epi-Pen:** If the patient has a history of allergic reactions and has in their possession a prescribed Epi-Pen, is suffering from hives, wheezing, hoarseness, hypotension, ALOC or indicates a history of anaphylaxis, assist the patient with administering the Epi-Pen or **contact Medical Control for orders to administer the Epi-Pen.**

➡ This applies to non-transporting BLS agencies **without** field medications also. All other BLS agencies should refer to the **BLS Care** section.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

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BLS Care (continued)

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Initiate ALS intercept and transport as soon as possible.
4. **Epi-Pen:** 0.3mg IM if the patient has a history of allergic reactions and/or is suffering from hives, wheezing, hoarseness, hypotension, ALOC or indicates a history of anaphylaxis.
5. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**).
6. **Contact Medical Control** as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Initiate ALS intercept and transport as soon as possible.
4. **Epi-Pen:** 0.3mg IM if the patient has a history of allergic reactions and/or is suffering from hives, wheezing, hoarseness, hypotension, ALOC or indicates a history of anaphylaxis.

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ILS Care (continued)

5. **Proventil (Albuterol)**: 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**). In-line nebulizer may be utilized if patient is unresponsive/in respiratory arrest.
6. **IV Fluid Therapy**: 500mL fluid bolus if patient is hypotensive to achieve a systolic BP of at least 100mmHg.
7. **Contact Medical Control** as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
3. **Epinephrine 1:1000**: 0.3-0.5mg SQ if the patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC.
OR
Epinephrine 1:10,000: 0.3-0.5mg IV if peripheral access has been established and the patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC.
4. **Benadryl**: 50mg IV or IM for severe itching and/or hives.
5. **Proventil (Albuterol)**: 2.5mg in 3mL normal saline **mixed with Ipratropium (Atrovent)**: 0.5mg via nebulizer over 15 minutes. May repeat Albuterol 2.5mg with Atrovent 0.5mg every **15 minutes** as needed. In-line nebulizer may be utilized if the patient is unresponsive or in respiratory arrest.
6. **IV Fluid Therapy**: 500mL fluid bolus if patient is hypotensive to achieve a systolic BP of at least 100mmHg.

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ALS Care (continued)

7. Transport as soon as possible.
8. Contact the receiving hospital as soon as possible.