



## POLICY ADULT M6 ALLERGIC REACTION

Effective Date: May 16, 2018

Last Review Date: October 3, 2018

Next Review Date: May 2021

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**Authority:** Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

### DEFINITION:

**ALLERGIC REACTION:** hives, rash, flushing, swelling to allergen site with **normal vital signs**- a local reaction to an allergen. Remember that allergic reactions can escalate into anaphylaxis; reassess often and be prepared to treat for anaphylaxis.

**ANAPHYLAXIS:** wheezing, stridor, oral/facial edema, hypotension, severe respiratory distress, ALOC, chest tightness- A systemic response to an allergen involving 2 or more organ systems **OR** any deterioration of vital signs

**For EMT Optional Scope (EMT-OS) adult weight is greater than or equal to 30 kg (66 lbs.) Oral Diphenhydramine use for EMT or above.**

### BLS TREATMENT:

**REMOVE ALLERGEN:** If feasible (e.g. scrape out bee stinger) and apply cold pack

**OXYGEN:** as appropriate, goal to maintain SPO2 at least 94%; Assists ventilations if necessary; Assist patient with Albuterol/Ventolin MDI if available

**VITALS:** assess patient for signs of anaphylaxis

### BLS TREATMENT: ALLERGIC REACTION

**EPINEPHRINE:** Epinephrine auto-injector (EpiPen or equivalent), EMT-B or 0.3 mg IM from approved epi injection kit (EMT-OS). May repeat after 5-10 minutes if no improvement. Max of 3 doses

**DIPHENHYDRAMINE:** 50mg PO **if patient can swallow**, for hives, rash, swelling.

### ALS TREATMENT: ALLERGIC REACTION

**MONITOR:** treat rhythm as appropriate

**IV ACCESS:** TKO

**DIPHENHYDRAMINE:** 25 mg IV/IM or 50 mg PO **if patient can swallow**, for hives, rash, swelling.

**EPINEPHRINE:** 0.01mg/kg IM of 1:1,000 (max dose 0.5 mg) May repeat after 3-5 minutes if no improvement, consider using IV epinephrine after second dose if no improvement

### ALS TREATMENT: ANAPHYLAXIS

**IV/IO ACCESS:** Two 14 – 16 gauge IV's if patient has a systolic BP < 90 administer 250 ml fluid boluses to systolic BP > 90. Reassess patient after each bolus.

**DIPHENHYDRAMINE:** 50 mg IV, may give 50 mg IM if no immediate IV/IO access available.

**ALBUTEROL:** 5.0 mg (2 x 2.5 mg doses) via nebulizer for respiratory distress / wheezes repeat as necessary

**EPINEPHRINE:** 0.1 mg (1 ml) of 1:10,000 slow IV/IO push if systolic BP < 90 and the patient has severe respiratory distress. May repeat every 2-3 minutes to systolic BP > 90 or improved respiratory distress.