

ANAPHYLAXIS

SIGNS & SYMPTOMS:

1. Dyspnea, tachypnea, or hyperventilation
2. Cyanosis, ↓ O₂ sats, agitation or anxiety
3. Hoarseness, stridor, or bronchospasm
4. Pulmonary or laryngeal edema
5. Rapid, weak pulse, ↓ BP, syncope
6. Hives, rash, itching, flushing
7. Difficulty speaking & use of accessory muscles

OBTAIN HISTORY OF:

1. PMH/Meds (esp. Epi autoinjector)/Allergies
2. Cardiorespiratory disease
3. Onset, severity, & duration
4. Relieving factors (Epi autoinjector)
5. Environmental or allergen exposure

PRECAUTIONS:

1. Only administer epinephrine 1:1000 via IV route per medical control orders.

MEDICAL FIRST RESPONDER:

1. Assess and support ABCs.
2. Begin high flow supplemental oxygen via mask.
3. Assist respirations with BVM in any patient with decreased LOC and/or a respiratory rates of < 10 or > 30/min.
4. Insert oral or nasal airway if patient is unresponsive with no gag reflex. Consider combitube if patient tolerates oral airway.
5. Administer an EpiPen (adult dose 0.3mg) per signs and symptoms.
6. Assess vital signs (BP, pulse, respirations) and lung sounds frequently, especially after each medication or if unstable.
7. Consider use of a venous tourniquet proximal to the injection or sting site and/or place an ice pack at the site.
8. If possible, remove insect stinger using a scrapping motion, but do not squeeze, pinch, or push it deeper into the skin.

BASIC LIFE SUPPORT:

1. Assist with administration of patient-prescribed adult Epinephrine auto-injector or administer initial dose of 0.3-0.4 ml of 1:1000 Epinephrine SQ.
2. Consider Albuterol nebulizer if patient is wheezing. May consider Atrovent to go with Albuterol.
3. Initiate ECG monitoring.
4. Consider PASG if systolic BP falls < 50 in adults. Contact medical control prior to inflation.

INTERMEDIATE TECH:

1. Administer initial dose of 0.3 - 0.4 ml epi 1:1000 SQ.
2. Establish IV of NS TKO. If systolic BP falls < 90 in adults, administer a 250 cc NS fluid bolus and repeat vitals.
3. Further orders must come from monitoring physician.

INTERMEDIATE 99:

1. Administer initial dose of 0.3 - 0.4 ml of 1:1000 Epinephrine SQ. If no change, may administer a second dose.
2. Be prepared to intubate patient.
3. Assess and support ABC's with early intubation.
4. If impending respiratory or cardiac arrest, administer 0.01 mg/kg IV/IO (up to 0.5 mg) of epi 1:10,000.
5. Further orders must come from monitoring physician.

PARAMEDIC/RN:

1. Administer Benadryl 50mg IV/IM/IO. Note: May consider Benadryl with or without signs of respiratory distress if pt's BP >90.
2. If unable to establish an airway and the airway is swollen, consider needle cricothyrotomy.
3. If hypotensive with signs/symptoms of shock, contact medical control to consider dopamine drip.

PEDIATRIC CONSIDERATIONS:

1. Use EpiPen Jr. or 0.15 ml SQ of 1:1000 Epi for patients < 60 lbs.
Medical First Responder: Administer one EpiPen Jr.
Basic & Intermediate Tech: Administer initial dose of SQ 0.15 ml epi 1:1000
Intermediate: Administer initial dose of SQ 0.15 ml epi 1:1000. If no change, may repeat dose once. Monitor patient for changes. If impending respiratory or cardiac arrest, administer 0.01 mg/kg IV/IO (up to 0.5 mg) of epi 1:10,000.
Paramedic/RN: May administer Benadryl 1mg/kg IV/IM/IO to a max of 50mg.
2. Contact medical control for further orders.

SPECIAL NOTES:

1. For those patients with allergy or sensitivity to latex products, attempt to remove or minimize exposure to latex products during treatment and transport but do not withhold treatment if latex free alternatives are not available. Notify receiving hospital early if patient has latex sensitivity or allergy.
2. Verification of the amount of Epinephrine to be administered is important to ensure accuracy.
3. Higher doses (0.4 ml) of epi 1:1000 may be considered for patients weighing 210 lbs (95 kg) or greater.



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