



## Protocol 700-M2: Allergic Reaction/Anaphylaxis

Revision 5/22/18  
Effective 8/1/18

### BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Moderate to Severe Reaction
  - Symptoms:
    - swelling of mucous membranes of the mouth or eyes, and/or respiratory distress
      - **Epinephrine** Auto-injector (See Procedure 715 *Epinephrine Auto-Injector*)
        - ◆ For draw and inject **Epinephrine** see Special Considerations below
- ❖ Prepare for transport/transfer of care.

### ALS Treatment

- ❖ Mild Reaction
  - Symptoms
    - urticaria, itching, raised welts
      - **Benadryl** 1mg/kg IM up to 50mg.
      - Transport/Contact Base Station.
- ❖ Moderate to Severe Reaction
  - Symptoms:
    - swelling of mucous membranes of the mouth or eyes, and/or respiratory distress
  - **Epinephrine** 1:1,000, 0.3mg IM, repeat every 5 minutes as needed.
  - **Benadryl** 1mg/kg IM/ IVP/IO up to 50mg.
  - If Bronchospasm or wheezes are present, administer **Albuterol** 5mg via nebulizer, may repeat as needed. If heart rate > 160 bpm, withhold **Albuterol** and contact Base Station.
  - Profound shock
    - Base Station Contact
    - Push-Dose **Epinephrine** 1:10,000, 1 ml (10 mcg) very slow IV/IO every 3-5 minutes. See Procedure 708 *Push-dose Epinephrine Mixing Instructions*
- ❖ Transport/Contact Base Station.

### Special Considerations

- ❖ **Warning:** The #1 cause of sudden death from severe anaphylaxis is upper airway obstruction secondary to laryngeal edema. Aggressive treatment and airway management is critical in these instances.
- ❖ EMTs accredited for Optional Scope of Practice per Policy 208 *EMS Responder Scope of Practice* may draw and inject epinephrine in accordance with ALS procedures