



**ALLERGIC REACTION/ANAPHYLAXIS -
(ADULT / ADOLESCENT)**

ALS STANDING ORDERS:

Categorize reaction into one of three categories as described below:

Allergic Reaction-mild (rash, urticarial (hives) and vital signs stable):

- Pulse oximetry, if room air oxygen saturation less than 95%:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
- Transport to nearest ERC.

Allergic Reaction-moderate (facial/cervical angioedema or wheezing):

- Pulse oximetry; if room air oxygen saturation less than 95%:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
- For facial/cervical angioedema:
 - ▶ *Diphenhydramine (Benadryl®) 50 mg IM or IV once.*
 - ▶ *Epinephrine 0.3 mg IM (1 mg/mL preparation)– hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.*
- If wheezing present:
 - ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
- ALS escort to nearest appropriate ERC.

Anaphylaxis: (hypotension, severe wheezing, respiratory distress, impending airway obstruction):

- ▶ *Epinephrine 0.3 mg slow IV/IO (0.1 mg/mL preparation) (IV preferred) OR Epinephrine 0.3 mg IM (1 mg/mL preparation)*
- ▶ *Diphenhydramine (Benadryl®) 50 mg IM/IV once.*
- ▶ *Normal Saline, infuse 250 mL IV or IO, repeat up to maximum 1 liter to maintain adequate perfusion.*
- Pulse oximetry; if room air oxygen saturation less than 95%:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
- If wheezing present:
 - ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
- ALS escort to nearest appropriate ERC; contact Base Hospital if no response to therapy

Approved:

Review Dates: 5/16, 11/16
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