

## ANAPHYLAXIS

### **SIGNS & SYMPTOMS:**

1. Dyspnea, tachypnea, or hyperventilation
2. Cyanosis, ↓ O<sub>2</sub> sats, agitation or anxiety
3. Hoarseness, stridor, or bronchospasm
4. Pulmonary, laryngeal, tongue or facial 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. Never administer epinephrine 1:1000 via IV/IO route. Only 1:10,000 concentration should be given IV/IO.

### **BASIC LIFE SUPPORT CARE:**

1. Administer oxygen.
2. Assist patient with administration of prescribed Epi autoinjector as directed by private physician.
3. Consider ALS response.
4. If possible, immediately remove insect stinger.
5. Apply cold packs to site of sting.
6. EMT with IV training - establish IV of NS TKO.
7. Initiate cardiac monitoring.
8. If systolic BP falls < 90 in adults, give a 250 cc NS fluid bolus, consider trendelenburg position and repeat vitals.
9. Assist respirations in any patient with decreased LOC and respiratory rates of < 10 or > 30/min.
10. BLS with medication training:
  - A. Consider albuterol neb for wheezing in all ages.
  - B. Administer Epi-Pen

### **ADVANCED LIFE SUPPORT CARE:** In addition to above and as appropriate:

1. Consider albuterol/Atrovent neb for wheezing.
2. For non-severe reactions (not anaphylactic shock, or impending respiratory or cardiac arrest):
  - A. If patient is 12 - 40 years of age, consider epinephrine 1:1000 0.3 mg SQ/IM.
  - B. Administer Benadryl 25 mg IV or 50 mg IM.
  - C. Contact physician for epinephrine orders in patients < 12 or > 40 years, or for order to administer 0.5 mg epinephrine 1:10,000 IV push.
  - D. Be prepared to intubate patient.
3. For severe reactions (anaphylactic shock or impending respiratory or cardiac arrest):
  - A. Administer 0.5 mg 1:1000 epinephrine SQ/IM before medical control contact. Follow with Benadryl 25 mg IV or 50 mg IM.
  - B. If no improvement by the time an IV is established, contact medical control regarding administration of IV epinephrine. Anticipate an order for 0.01 mg/kg (up to 0.5 mg) epinephrine 1:10,000 IV push.
4. Be prepared to intubate patient.
5. Further orders must come from monitoring physician.

### **PEDIATRIC CONSIDERATIONS:**

1. Consider albuterol/Atrovent neb for wheezing.
2. For non-severe reactions: Obtain MD order for epinephrine and Benadryl.
3. For severe reactions: Administer 1:1000 epinephrine 0.01mg/kg (max. 0.3ml) SQ
4. If no improvement by the time an IV is established, contact medical control regarding administration of IV epinephrine. Anticipate an order for 0.01 mg/kg (up to 0.5 mg) epinephrine 1:10,000 IV push
5. After SQ epi, Racemic epi can be given for severe laryngeal edema per standing order.