

# AG02 Allergic/Anaphylactic Reaction

## Objectives:

- To assess and appropriately treat patients with allergic reactions and/or anaphylaxis
- To differentiate between an allergic reaction and anaphylaxis

## General Information:

- Signs and Symptoms of allergic reaction may include:
  - a) Itching
  - b) Hives
  - c) Flushing (red skin)
  - d) Mild swelling of face (especially the eyes and lips), neck, hands, feet or tongue
- Signs and Symptoms of anaphylaxis may include all of the above; but must include one of the following:
  - a) Respiratory distress
    - i) Labored breathing (ie. Stridor, wheezing, hoarseness, cough)
  - b) Hemodynamic instability
    - i) Hypotension
    - ii) Weak or absent distal pulses
    - iii) Excessive Sweating (Diaphoresis)
- Rapidly progressing signs and symptoms should be treated as anaphylaxis
- EMT-Bs may use patient's Epi-Pen and MDI only
- In severe anaphylaxis with hypotension and/or severe airway obstruction, medical control may order Epinephrine 1:10,000 IV
- In hemodynamic instability Epinephrine 1:1,000 IM is the preferred route of administration instead of SQ
- Solu-medrol should not be routinely administered to pediatric patients; however, it may be considered for extended transports (physician order only)



## Warnings/Alerts:

- Epinephrine 1:1,000 should not be given IV
- Contact medical control before administering Epinephrine to patients with a cardiac history to patients 40 years old or older
- Administration of Epinephrine may cause lethal dysrhythmias; providers must be prepared for emergent intervention

## OMD Notes:

- Maximum dose of epinephrine is 0.5 mg

## References:

Mosby's Paramedic Textbook, 3<sup>rd</sup> Edition, 2007 pg 873-875  
Brady Emergency Care, 10<sup>th</sup> Edition, 2005 pg 447

## Performance Indicators:

Documented Cause (If Known)   Application of Oxygen   Treatment and Response to Treatment  
Use of Patient Epi-Pen

## AG02--Allergic/Anaphylactic Reaction

