

POLICY: 554.43
TITLE: Allergic Reaction - Anaphylaxis

EFFECTIVE: 6/10/20
REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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ALLERGIC REACTION - ANAPHYLAXIS

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STANDING ORDERS

ALLERGIC REACTION (Hives, Rash, Swelling): A local response to an antigen involving the skin (rash, hives, edema, etc) with normal vital signs. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may escalate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

ASSESS CAB

REMOVE ALLERGEN If possible (e.g. bee stinger) and apply ice to site.

OXYGEN Oxygen delivery as appropriate

MONITOR Treat rhythm as appropriate.

IV/IO ACCESS TKO

DIPHENHYDRAMINE 25 mg IV/IO push. May administer 25 mg IM if IV/IO access not promptly available.

ANAPHYLAXIS (Wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness): A systemic response to an antigen involving two (2) or more organ systems **OR** any deterioration of vital signs.

ASSESS CAB

REMOVE ALLERGEN If possible (e.g. bee stinger) and apply ice to site.

OXYGEN Oxygen delivery as appropriate

MONITOR Treat rhythm as appropriate.

EPINEPHRINE 0.3 mg of 1:1000, IM. May repeat every 15 minutes

(EMTs may use either Epinephrine by auto-injector OR an Agency approved Epinephrine injection kit. 0.3mg 1:1000. NO repeat doses permitted)

IV/IO ACCESS Two 14-16 gauge IVs.

If systolic BP is less than 90mmHg, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.

Consider 0.2ml of 1:10,000 IV/IO every 5 minutes to maintain systolic BP > 90mmHg

**PUSH DOSE
EPINEPHRINE**

DIPHENHYDRAMINE 50 mg IV/IO push. May administer 50 mg IM if IV/IO access not promptly available.

ALBUTEROL If wheezing or stridor: 3.0ml of 0.5% solution in 15ml saline (or 6 unit dose vials) continuous nebulization via hand-held nebulizer, mask, or in-line with CPAP over 1 hour, or until symptoms improve. If patient intubated, administer dose through in-line aerosolized method. Repeat as needed.