

Anaphylaxis (Adult)**CFR AND ALL PROVIDER LEVELS**

1. ABCs.
2. Airway management.
3. Administer oxygen.
4. Assess cardiac and respiratory status:
 - a. If either is **abnormal (e.g. severe respiratory distress or shock)**:
 - i. Assist the patient with administration of prescribed Epinephrine auto-injector.
 - ii. If Epinephrine has not been prescribed, administer Epinephrine via auto-injector. (for CFR: Only if available and trained to do so.)
 - iii. NOTE: Patients weighing more than 30 kg (66 lbs), use adult Epi-auto injector (0.3 mg); patients weighing less than 30 kg (66 lbs) use pediatric Epi-auto injector (0.15 mg).
5. Refer immediately to the Respiratory Distress / Failure / Acute Pulmonary Edema (Adult), Obstructed Airway (Adult), or Shock / Sepsis (Adult) protocols as appropriate.
6. If cardiac arrest occurs, refer immediately to the General Cardiac Arrest Care (Non-Traumatic) (Adult) protocol.

● CFR STOP**EMT**

7. Request ALS assistance.
 - a. Do not delay transport for any reason, including waiting for a potential second dose of epinephrine.
8. Assess cardiac and respiratory status:
 - a. If both are normal, initiate transport.
 - b. If either is **abnormal (e.g. severe respiratory distress or shock)**:
 - i. Administer Epinephrine as directed above. (Epinephrine may be administered IM using a syringe, if trained and approved by the agency medical director to do so.)
9. Initiate transport if not previously done.
10. Contact Online Medical Control for authorization to administer a *second* dose of Epinephrine IM, if needed and if available.
11. For wheezing, administer Albuterol Sulfate 0.083%, one (1) unit dose or 3 ml via nebulizer at a flow rate that will deliver the solution over 5 minutes to 15 minutes.
 - a. If symptoms persist, Albuterol Sulfate 0.083%, one (1) unit dose or 3 ml via nebulizer at a flow rate that will deliver the solution over 5 minutes to 15 minutes, may be repeated twice for a total of three (3) doses.

● EMT STOP**Paramedic**

12. If the patient is exhibiting airway compromise:
 - a. Perform Advanced Airway Management.
 - b. Consider procedural sedation options, if appropriate. (see GOP: Prehospital Sedation.)

13. For patients with signs of shock OR history of anaphylaxis:

- a. If not already given, administer Epinephrine 0.3 mg (0.3 ml of a 1:1,000 solution / 1 mg/ml), IM.
- b. Intravascular access.
- c. Crystalloid fluid, up to 3 liters, via a macro-drip.

14. For patients with NO Signs of shock, and who do not have a history of anaphylaxis:

- a. Intravascular access.
15. Administer ONE of the following:
 - a. Methylprednisolone 125 mg IV, slowly over 2 minutes.
 - OR
 - b. Dexamethasone, 12 mg IV, slowly over 2 minutes.
16. Administer Diphenhydramine* 50 mg IV/IM.
17. Administer Ipratropium Bromide 0.02% (1-unit dose of 2.5 ml), by nebulizer, in conjunction with the first three (3) doses of Albuterol Sulfate.
18. Monitor vital signs every 5 minutes.
19. Begin cardiac monitoring.

● Paramedic STOP

Medical Control Options

1. **EMT:**
 - a. Administration of a second dose of Epinephrine IM, if needed and if available.
 - i. Patients weighing more than 30 kg (66 lbs), use adult Epinephrine (0.3 mg) IM.
 - ii. Patients weighing less than 30 kg (66 lbs) use pediatric Epinephrine (0.15 mg) IM.
2. **Paramedic:**
 - a. Repeat any of the above Standing Orders.
 - b. For patients who remain in shock after the administration of crystalloid bolus, either by clinical symptoms or by persistent hypotension (mean arterial pressure less than 65 mmHg), see the Shock / Sepsis (Adult) protocol Medical Control Options for vasopressors.

Key Points / Considerations

1. Do not delay transport to the hospital.
2. Anaphylaxis can be a potentially life-threatening situation most often associated with a history of exposure to:
 - a. An inciting agent/allergen (bee sting or other insect venom)
 - b. Medications/drugs
 - c. Foods such as peanuts, seafood, etc
3. Patients with an allergic reaction and signs of bronchospasm may require treatment for anaphylaxis.
4. Albuterol Sulfate and Ipratropium Bromide shall be mixed and administered simultaneously, for a maximum of three doses.
5. CFR administration of epinephrine via auto-injector must be reported to your agency's medical director as soon as possible.

6. The presence of any of the following symptoms characterizes the clinical findings that authorize and require treatment according to this protocol:
 - a. Respiratory distress:
 - i. Upper airway obstruction (Stridor)
 - ii. Severe bronchospasm (wheezing)
 - b. Cardiovascular collapse / hypotensive shock.
7. ***Drug Advisories:**
 - a. **Diphenhydramine Hydrochloride** – has an atropine-like action and must be used with caution in patients with a history of increased intraocular pressure, hyperthyroidism, cardiovascular disease, and/or hypotension.