EL DORADO COUNTY EMS AGENCY
PREHOSPITAL PROTOCOLS

EMS Agency Medical Director

Effective: July 1, 2015
Reviewed: July 2016, 2018
Revised: July **2019**
Scope: BLS/ALS – Adult/Pediatric

ALLERGIC REACTION/ANAPHYLAXIS

ADULT

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen at the appropriate flow rate, preferably high flow via non re-breather mask if patient has dyspnea.

BLS Personnel: Allow patient to administer their own allergy medications as prescribed by their physician, see **Field Policy: BLS Medication Administration.**

Place patient in position of comfort. If shock signs or symptoms begin, place patient in a supine position with legs elevated.

NOTE: If allergen is a stinger, scrape it out of the patient's skin (use a credit card or the dull side of a knife) to prevent the introduction of more venom; a cold pack may also be applied to the sting site to reduce swelling.

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing, If the patient is distress, immediate rapid transport is preferred with treatment performed en route.*

ACCREDITED EMT

EMT's may carry an Auto Injector on emergency apparatus **ONLY** if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

DIPHENHYDRAMINE (BENADRYL) – 50 mg PO. **Administer only if patient is alert and able to swallow.**

FOR PATIENTS WITH PROGRESSIVELY WORSENING SYMPTOMS:

EPI-PEN AUTOINJECTOR - 0.3 mg IM. (0.3 mL 1;1,000) Repeat dose may be given in 10 minutes if ALS response is delayed and patient is not responding to treatment).

ALS TREATMENT

NORMAL SALINE – establish an IV/IO. give 1000 mL bolus(es) for hypotension. MR as needed. Start a second line if hypotension is present or if patient is severe.

DIPHENHYDRAMINE (BENADRYL) – 50 mg IV, IO, IM or PO.

EPINEPHRINE 1:1,000 - 0.3 mg IM. Mid-anterolateral thigh is preferred. MR q 10 minutes.

NEBULIZED BREATHING TREATMENT(S) (MAY BE GIVEN PRIOR TO IM EPI FOR BRONCHOSPASM)**:**

FOR WHEEZING: DUONEB (2.5 mg Albuterol and 0.5 Mg Atrovent in normal saline). **Do not repeat Duoneb.** If symptoms persist, give single dose of **ALBUTEROL** 2.5 mg in 3 mL normal saline.

FOR STRIDOR: NEBULIZED EPINEPHRINE 1:1,000 – 5 mL (5 mg) via nebulizer given over 10 minutes. MR q 10 minutes.

FOR SEVERE HYPOTENSION/AIRWAY COMPROMISE (IMPENDING ARREST):

NORMAL SALINE – 2 IVs/IO wide open if hypotension is present.

INSERT ADVANCED AIWAY - If airway edema is present, intubate as soon as possible.

CONTACT BASE STATION

EPINEPHRINE 1:10,000 – 0.1 mg (diluted with NS to 10 mL) slow IV push over 5 minutes. MR as needed. (Dose is equivalent to 1:100,000 after dilution).

GLUCAGON – If no response to epinephrine, administer 2-4 mg IV/IO push or IM, q 5 minutes.

FOR ANAPHYLAXIS CAUSED CARDIAC ARREST: REFER TO ADULT PULSELESS ARREST PROTOCOL

CARDIAC MONITOR – Treat arrhythmias as needed.

NORMAL SALINE – 2 IVs/IO wide open with pressure bags. Aggressive volume expansion with a goal of up to 4 liters.

For Dystonic (Extrapyramidal) reactions: Give BENADRYL 25 mg IV push or IM. (MR to Max. of 50 mg.)

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest

PEDIATRIC

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen at the appropriate flow rate, preferably high flow via non re-breather mask if patient has dyspnea.

BLS Personnel: Allow patient to administer their own allergy medications as prescribed by their physician, see **Field Policy: BLS Medication Administration.**

Place patient in position of comfort. If shock signs or symptoms begin, place patient in a supine position with legs elevated.

NOTE: If allergen is a stinger, scrape it out of the patient's skin (use a credit card or the dull side of a knife) to prevent the introduction of more venom; a cold pack may also be applied to the sting site to reduce swelling.

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing, If the patient is distress, immediate rapid transport is preferred with treatment performed en route.*

ACCREDITED EMT

EMT's may carry an Auto Injector on emergency apparatus **ONLY** if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

DIPHENHYDRAMINE (BENADRYL) – 1 mg/kg (25 mg max) PO. **Administer only if patient is alert and able to swallow.**

FOR PATIENTS WITH PROGRESSIVELY WORSENING SYMPTOMS:

EPI-PEN JR AUTOINJECTOR (Only for pediatric patients weighing 15-30 kg (33-66 lbs): 0.15 mg IM. (0.3 mL 1:2,000) Repeat dose may be given in 10 minutes if ALS response is delayed and patient is not responding to treatment.

ALS TREATMENT

NORMAL SALINE – establish an IV/IO and give 20 mL/kg bolus(es) for hypotension, repeated as needed.

DIPHENHYDRAMINE (BENADRYL) – 1 mg/kg (25 mg max) IV, IO, IM or PO.

EPINEPHRINE 1:1,000 - 0.01 mg/kg (Max. 0.3 mg) IM. MR q 10 minutes. Mid-anterolateral thigh is preferred.

NEBULIZED BREATHING TREATMENT(S) (MAY BE GIVEN PRIOR TO EPI FOR BRONCHOSPASM):

FOR WHEEZING: **DUONEB** (2.5 Mg Albuterol and 0.5 Mg Atrovent in normal saline). **Do not repeat Duoneb**. If symptoms persist, give single dose of **ALBUTEROL** 2.5 mg in 3 mL normal saline.

FOR STRIDOR: **NEBULIZED EPINEPHRINE 1:1,000** – 0.5 mL/kg (Up to Max. single dose of 5 mL (5 mg)) via nebulizer over 10 minutes. Dilute with NS to 5mL for patients 10 kgs or <. MR q 10 minutes until stridor subsides * continuous monitoring.

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest

FOR HYPOTENSION/AIRWAY COMPROMISE (IMPENDING ARREST):

NORMAL SALINE – 20 mL/kg boluses, repeated as needed.

INSERT ADVANCED AIWAY - If airway edema is present, intubate as soon as possible.

Consider starting CPR if unresponsive and no palpable BP.

CONTACT BASE STATION

EPINEPHRINE 1:10,000 – 0.01 mg/kg (diluted with NS to 10 mL) slow IV push over 5 minutes. MR as needed. (Dose is equivalent to 1:100,000 after dilution).

GLUCAGON – If no response to epinephrine, administer 0.1mg/kg IV/IO push or IM, q 5 minutes.

FOR ANAPHYLAXIS CAUSED CARDIAC ARREST: **REFER TO PEDIATRIC PULSELESS ARREST PROTOCOL**

CARDIAC MONITOR – Treat arrhythmias as needed.

For Dystonic (Extrapyramidal) reactions: Give **BENADRYL** 1 mg/kg IV push or IM. (Max. of 25 mg.)

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest