

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-005

ALLERGIC REACTION

SUBJECTIVE FINDINGS

- Exposure to common allergens (bee stings, drugs, nuts, seafood, medications), prior allergic reactions
- Respiratory: wheezing, stridor, respiratory distress
- Skin: itching, hives, rash
- Other symptoms: nausea, weakness, anxiety

OBJECTIVE FINDINGS

Depend on severity (mild, moderate, severe):

- Hives, rash;
- Mild bronchospasm;
- Altered mental status;
- Hypotension (SBP < 90 and evidence of hypoperfusion);
- Bronchospasm and/or angioedema.

MILD ALLERGIC REACTION	
Common signs and symptoms are hives and rash.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Remove etiologic agent if possible or relocate patient.• Ensure patent airway.• Administer oxygen 2-6 L/min via nasal cannula.	<ul style="list-style-type: none">• Diphenhydramine 25-50 mg IM (or IVP).

MODERATE ALLERGIC REACTION	
Common signs and symptoms are hives and rash with mild bronchospasm, but normotensive.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Remove etiologic agent if possible or relocate patient.• Ensure patent airway.• Administer oxygen 10-15 L/min via nonrebreather mask.• BVM and suction PRN.	<ul style="list-style-type: none">• IV of NS.• Diphenhydramine 50 mg IM (or IVP).• Albuterol 5 mg total dose via nebulizer, repeat if indicated.• If no response and patient bronchospasm persists or worsens, consider Epinephrine (1:1000) 0.3 mg SQ, may repeat in 5 min.

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SEVERE ALLERGIC REACTION (ANAPHYLAXIS)	
Common signs and symptoms are altered mental status; hypotension (SBP < 90 and evidence of hypoperfusion); bronchospasm and/or angioedema.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Remove etiologic agent if possible or relocate patient.• Ensure patent airway.• Administer oxygen 10-15 L/min via nonrebreather mask.• BVM and suction PRN.	<ul style="list-style-type: none">• IV of NS.• Epinephrine (1:10,000) 0.15 mg slow IVP repeat q 5 min. to maximum of 0.3 mg. If no IV access, Epinephrine (1:1000) 0.3 mg SQ, may repeat in 5 min.• Diphenhydramine 50 mg IVP (or IM if can't establish IV access).• Albuterol 5 mg total dose via nebulizer, repeat prn until relief of symptoms.• Fluid challenge (500ml NS, reassess and repeat if indicated). Advanced airway management as indicated.
BASE HOSPITAL CONTACT CRITERIA	
Epinephrine for patients over 40 years of age, or with known history of coronary artery disease or hypertension.	

DOCUMENTATION

- Bronchodilator given.
- Initial level of respiratory distress assessed and noted on chart (mild, moderate or severe).
- **Diphenhydramine** given as indicated.
- Epinephrine administered for severe (anaphylaxis).

PRECAUTIONS AND COMMENTS

- **Epinephrine** may cause: anxiety, tremor, palpitations, tachycardia, and headache. These may be particularly severe if given IVP. In elderly patients, **Epinephrine** administration may precipitate AMI, hypertensive crisis and/or dysrhythmias.
- Be sure you are giving the proper dilution of **Epinephrine** to your patient, and give slowly.
- Edema of any of the soft structures of the upper airway may be lethal. Observe closely, and be prepared for early intubation before swelling precludes this intervention. See Airway Management Protocol (P-004).