

St. Clair County Medical Control Authority
GENERAL TREATMENT PROTOCOLS
ANAPHYLAXIS / ALLERGIC REACTION

October 26, 2022

Section 1-6

Anaphylaxis/Allergic Reaction



1. Follow **General Pre-hospital Care Protocol**.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. In cases of severe allergic reaction, wheezing or hypotension, administer Epinephrine 1mg/mL.
 - a. Assist the patient in administration of their own epinephrine auto-injector, if available.
 - b. Adult Epinephrine auto-injector OR 0.3 mg (0.3 mL) of Epinephrine 1 mg/mL IM.

MCA Approval of Epinephrine auto-injector for select MFR Agencies:

YES NO

MCA Approval of SCCMCA Epi-Kits for select BLS licensed units, and is optional for MFR licensed units:

YES NO



- i. If child weighs less than 10 kg (approx. 20 lbs.), contact medical control prior to Epinephrine.
 - ii. If child weighs between 10-30 kg (approx. 60 lbs.); administer 0.15 mg (0.15 mL) of Epinephrine 1 mg/mL IM OR via Pediatric Epinephrine auto-injector.
 - iii. Child weighing greater than 30 kg; administer 0.3 mg (0.3 mL) of Epinephrine 1 mg/mL IM OR via Epinephrine auto-injector.
 - iv. May repeat once at 3-5 minutes if the patient remains hypotensive, patient requires cardiac monitoring if more than 2 doses are administered.
4. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.



5. Administer a Normal Saline IV/IO fluid bolus.
 - a. The standard NS IV/IO fluid bolus volume will be up to 1 liter, wide open, repeated as necessary, unless otherwise noted by protocol. IV/IO fluid bolus is contraindicated with pulmonary edema.
 - b. Fluid should be slowed to TKO when SBP greater than 90 mm/Hg.



- c. For pediatrics, fluid bolus should be 20 mL/kg, and based on signs/symptoms of shock.



6. If patient is symptomatic, administer Diphenhydramine.
 - a. Adult 50 mg IM or IV/IO.



- b. Pediatric 1 mg/kg IM/IV/IO (maximum dose 50 mg).

7. Per MCA selection, administer bronchodilator per **Nebulized Bronchodilators Procedure**.


8. Per MCA Selection, administer Prednisone **OR** methylprednisolone.

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Medication Options:
 Prednisone 50 mg tablet PO
(Children > 6 y/o)

Methylprednisolone
Adult 125 mg IV/IO/IM or
 Pediatric 2 mg/kg IV/IO/IM (max 125 mg)

9. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a PO route is inappropriate.

10. If patient remains hypotensive after treatment, refer to **Shock Protocol**.



11. If patient is symptomatic after treatment without hypotension.



a. Additional epinephrine via auto-injector OR additional 0.3 mg (0.3 mL) of Epinephrine 1 mg/mL IM. (Cardiac monitoring should be utilized)

*MCA approval required for MFR auto-injector use.

****In order for the EMR & Basic LSA's to utilize this protocol they must have the approved St. Clair County MCA Epinephrine Draw Up Training, verified twice a year.**