

Initial Date: 5/31/2012 Revised Date: 08/11/2023

Anaphylaxis/Allergic Reaction

- A. Initial
 - a. Follow General Pre-Hospital Care-Treatment Protocol.
 - Pediatric patients (< 14 years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.
 - c. Ensure ALS response
 - d. Determine if anaphylaxis/severe allergic reaction (wheezing and/or hypotension) or an allergic reaction (itching, hives).
 - e. Determine substance or source of exposure, remove patient from source if known and able.
- B. Anaphylaxis/Severe Allergic reaction
 - a. Assist patient in use of their own prescribed **epinephrine** auto-injector, if available
 - b. Administer epinephrine auto-Injector IM

MCA Approval of **epinephrine** auto-injector IM

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS

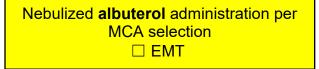
- 1. Contact Medical Control if child appears to weigh less than 10 kg (approx. 20 lbs.), prior to epinephrine administration, if possible.
 - 2. Administer pediatric epinephrine dose auto-injector IM if child weighs between 10-30 kg (approximately 20-60 lbs.)
 - 3. Administer **epinephrine** auto-injector IM for adults and children weighing greater than 30 kg (approximately 60 lbs.)
 - 4. May repeat **epinephrine** auto-injector IM one time after 3-5 minutes if the patient remains hypotensive, and auto-injector available
- S c. Administer epinephrine IM (per MCA selection may be BLS or MFR skill) NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw up epinephrine.

MCA Approval of draw up epinephrine.
🗆 MFR
Personnel must complete MCA approved training prior to participating in draw up epinephrine.
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- 1. Contact Medical Control if child appears to weigh less than 10 kg (approx. 20 lbs.), prior to **epinephrine** administration, if possible.
 - 2. Administer 0.15 mg (0.15 mL) of epinephrine IM (1mg/mL) if child weighs between 10-30 kg (approx. 20-60 lbs.)
 - 3. Administer 0.3 mg (0.3 mL) of **epinephrine** IM (1mg/mL) for child weighing over 30 kg (approx. 60 lbs.) or adult patients.
 - 4. May repeat **epinephrine** IM administration one time after 3-5 minutes if the patient remains hypotensive.
 - 5. Maxiumum of 2 doses total of epinephrine (prescribed auto-injector, EMS supplied auto-injector, draw up epinephrine combined)
- S d. If wheezing and/or airway constriction, administer albuterol 2.5 mg/3mL NS nebulized (Per MCA selection may be EMT skill) per Medication Administration-Medication Protocol



 If wheezing and/or airway constriction continues, administer nebulized albuterol 2.5 mg/3 ml NS nebulized and ipratropium 500 mcg/2.5 mL NS per Medication Administration-Medication Protocol (Per MCA selection may be Specialist skill)

- S e. For patients with hypotension administer NS or LR IV/IO fluid bolus (refer to Vascular Access and IV Fluid Therapy-Procedure Protocol) refer to Shock-Treatment Protocol.
 - 1. Adults: up to 1 liter, wide open.
 - 2. Pediatrics: 20 mL/kg, based on signs/symptoms of shock.
 - 3. Fluid should be slowed to KVO when SBP greater than 90 mm/Hg.
- S f. Hypotensive patients should receive additional IV/IO fluid boluses, as indicated by hemodynamic state. (Consider preparing epi push dose while administering second bolus)
 - 1. Adults: repeat IV/IO fluid bolus to a maximum of 2 liters.
 - \clubsuit 2. Pediatrics: repeat dose of 20 mL/kg to a maximum of 40 ml/kg
 - 3. Monitor for pulmonary edema.
 - 4. If pulmonary edema presents, stop fluids and contact Medical Control for direction.



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- g. If hypotension persists/is unresponsive to fluid bolus, or severe respiratory distress is unresponsive to nebulized treatment, administer push dose epinephrine IV/IO.
 - Prepare (epinephrine 10 mcg/mL) by combining 1mL of 1mg/10mL epinephrine in 9mL NS
 - 1. Adults:
 - i. Administer 20 mcg (2 mL epinephrine 10 mcg/mL) IV/IO
 - ii. Repeat every 3-5 minutes
 - iii. Titrate SBP greater than 90 mm/Hg.
 - 2. Pediatrics:
 - i. Administer 1 mcg/kg (0.1 mL epinephrine 10 mcg/mL) IV/IO
 - ii. Maximum dose 10 mcg (1 mL)
 - iii. Repeat every 3-5 minutes
- C. If patient is symptomatic of an allergic reaction but not in a severe allergic reaction or anaphylaxis **OR** after **epinephrine** administration:
 - 💮 a. Administer **diphenhydramine**.
 - 1. Adult 50 mg IM or IV/IO
 - Level 2. Pediatric 1 mg/kg IM/IV/IO (maximum dose 50 mg).
 - b. If wheezing, and albuterol not already administered, administer albuterol 2.5 mg/3mL NS nebulized (Per MCA selection may be EMT skill) per Medication Administration-Medication Protocol.



1. If wheezing continues, administer nebulized albuterol 2.5 mg/3 mL NS and ipratropium 500 mcg/2.5 mL NS per Medication Administration-Medication Protocol (Per MCA selection may be Specialist skill)

 c. Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)

Additional Medication Option:

Prednisone 50 mg tablet PO (Adults and Children > 6 y/o)



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Section 1-6

- If prednisone is not available, patient is < 6 years of age, or patient is unable to receive medication PO, administer methylprednisolone IV/IO/IM:
 - a. Adults: 125 mg
 - kg (max 125 mg)



D. Patients unresponsive to treatment, contact Medical Control

Medication Protocols Albuterol Diphenhydramine Epinephrine Ipratropium Methylprednisolone Prednisone