

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.22
Subject	Paramedic Treatment Protocols ALLERGIC REACTIONS AND ANAPHYLACTIC SHOCK	Page 1 of 3
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS			
1. Assessment	ABCs		
2. Airway	Protect with position, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.		
3. Oxygen	No oxygen for mild reactions. High flow for severe reactions. Refer to EMS Policy #530.02.		
Mild Reaction - Stable		Severe Reaction - Unstable	
Rash and Swelling		Hypotension, severe respiratory depression, wheezing, oral swelling, altered mental status, chest tightness	
4. Remove allergen	If appropriate (i.e., bee stinger), apply ice.	4. Remove allergen	If appropriate (i.e., bee stinger), apply ice.
5. Diphenhydramine	50 mg IM Pediatrics – 1 mg/kg IM	5. Monitor	Treat rhythm if appropriate.
6. Transport		6. Epinephrine	0.4 mg (0.4 ml) of 1:1000 IM ONLY if systemic symptoms present. May repeat dose every 15 minutes if symptoms persist. Pediatrics – 0.01 mg/kg of 1:1000 IM to maximum 0.4 ml. May repeat dose in 15 minutes if symptoms persist.

STANDING ORDERS – CONTINUED ON NEXT PAGE

Approved By	Daniel J. Lynch	Revision
EMS Division Manager	(Signature on File at EMS Agency)	02/01/2011
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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STANDING ORDERS (CONTINUED)	
Mild Reaction -Stable (Continued)	Severe Reaction - Unstable (Continued)
7. Contact Hospital Per EMS Policy #530.02.	<p>7. IV Access</p> <p>BP less than 80 with signs/symptoms of shock, LR – standard tubing, run wide open.</p> <p>BP between 80-100 with signs/symptoms of shock, LR standard tubing, administer fluid challenge.</p> <p>BP above 100 – Saline lock</p> <p>8. Epinephrine</p> <p>If systolic BP less than 80 with signs/symptoms of shock. 0.1 mg (1.0 ml) of 1:10,000 very slow IV push. Repeat in five minutes if symptoms persist to total of 0.4 mg (4 ml).</p> <p>Pediatrics – 0.025 ml/kg of 1:10,000 very slow IV push to a maximum of 1.0 ml. May repeat dose once in 5 minutes if symptoms persist. Contact Base Hospital regarding additional doses.</p> <p>9. Transport</p> <p>10. Nebulized Albuterol Therapy</p> <p>2.5 mg/3cc nebulized albuterol sulfate with standard acorn-type jet nebulizer using pressurized oxygen at a flow rate of 6 L/min. May repeat twice.</p> <p><u>Pediatrics</u> (14 years and under) – 10 mg/2 cc of the multi-dose. May repeat twice</p> <p>11. CPAP</p> <p>Refer to EMS Policy 530.02.</p> <p>12. Diphenhydramine</p> <p>50 mg IV push. If unable to establish IV, give IM Pediatrics – 1 mg/kg slow IV push. If unable to establish IV, give IM</p> <p>13. Contact Hospital</p> <p>Per EMS Policy #530.02.</p>

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BASE HOSPITAL ORDERS

***1. EPINEPHRINE DRIP IF PROFOUND SHOCK PERSISTS.**

1:10,000 1 MG IN 250 ML NORMAL SALINE, TITRATE IV WITH PEDIATRIC DRIP TO BLOOD PRESSURE OF ABOUT 100 SYSTOLIC. (RATE OF 0.5-1.5 ML/MIN.)

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Mental status, vital signs, lung sounds, upper airway sounds (stridor?).
2. Treat as an allergic reaction only if history of exposure to allergen (such as bee sting) or other signs of acute allergy – such as hives, itching, erythema, edema, stridor, respiratory distress, wheezing, or hypotension.
3. Transport lights/siren all patients in shock or unresponsive to therapy.
4. Mild allergic reactions usually require less aggressive therapy. Consider Diphenhydramine 50 mg IM only. Contact Base Hospital for direction.
5. Be cautious in using Epinephrine in patients over 70 years of age, or patients with history of angina or hypertension. Watch BP, pulse, and monitor closely. Be extremely cautious with dosage calculations and administration.
6. Be cautious of Albuterol side effects with multiple doses (e.g., increase anxiety, tachycardia, tremulousness, and blood pressure).
7. Albuterol nebulization will be delivered via in-line nebulizer in addition to CPAP.

EPINEPHRINE DOSAGE CHART FOR PATIENTS LESS THAN 40 KG

PATIENT STATUS:	SYSTOLIC BP GREATER THAN 80	SYSTOLIC BP LESS THAN 80 WITH SIGNS AND SYMPTOMS OF SHOCK
ROUTE OF ADMINISTRATION:	IM	IV
CONCENTRATION:	1:1000	1:10,000
DOSAGE:	0.01 ml/kg	0.025 ml/kg
10 kg	0.1 ml	0.25 ml
20 kg	0.2 ml	0.50 ml
30 kg	0.3 ml	0.75 ml
40 kg	0.4 ml	1.0 ml