

ALLERGIC REACTIONS

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Information Needed:

- Exposure to allergens (bee stings, drugs, nuts, seafood, new food consumed, etc.)
- Prior allergic reactions
- Any known specific allergen
- Signs/Symptoms:
 - Localized: pain, swelling, stinging sensation
 - Systemic: dizziness, sweating, weakness, itching, trouble breathing, muscle cramps
- History of previous exposures, allergic reactions, any known specific allergen

Mild:

- Hives, rash
- Normotensive
- No bronchospasm (wheezing)

Treatment:

- Remove etiologic agent if possible or relocate patient
- May help the patient administer their own medications
- Diphenhydramine 25-50 mg IM/IV (1 mg/kg)

Moderate:

- Hives, rash
- Bronchospasm (wheezing)
- Normotensive

Treatment:

- Remove etiologic agent if possible or relocate patient
- May help the patient administer their own medications
- Routine medical care
- Diphenhydramine 25-50 mg IM/IV
- Albuterol 2.5 – 5 mg via nebulizer for wheezing. May repeat as needed
- Consider epinephrine (1:1,000) 0.3 mg IM, may repeat q 5 minutes as needed. Epinephrine IM should be administered in the thigh.
- IV access

Severe: ANY or ALL of the localized findings plus

- Altered mental status with
- Hypotension (SBP <90) or evidence of hypoperfusion,
- Stridor

Treatment:

- Remove etiologic agent if possible or relocate patient
- May help the patient administer their own medications
- Routine medical care
- Monitor EKG
- Pulse oximetry
- Epinephrine (1:1,000) 0.3 mg IM. May repeat q 5 minutes, if acute symptoms persist. Epinephrine IM should be administered in the thigh.
- IV access
- If there is no response to IM epinephrine, and the patient is in extremis consider epinephrine 1:10,000 0.3 mg slow IV push. May repeat every 5 minutes.
- Diphenhydramine 50 mg IV (or IM if unable to establish IV access).
- Albuterol 2.5 - 5 mg via nebulizer for bronchospasm, may repeat as needed
- IV/IO Fluid challenge 250-1000 ml NS (titrate to SBP of 90)

Precautions and Comments:

- An allergy kit or “Epipen” is frequently prescribed for persons with known systemic allergic reactions. Prehospital personnel may assist with use of patient’s own medication.
- Anxiety, tremor, palpitations, tachycardia, and headache are not uncommon with administration of epinephrine. These may be particularly severe if given IV. In elderly patients, it may precipitate angina, AMI or dysrhythmias
- Obtain base hospital/receiving hospital consultation, if possible, prior to the intravenous administration of epinephrine 1:10,000.
- Use epinephrine with caution in patients over 35 years of age.
- 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.