



Jackson Hole Fire/EMS

Operations Manual

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Title: **Treatment Protocol:
Allergic Reaction**
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ALLERGIC REACTIONS (Treatment Protocol)

ALL PROVIDERS

- Secure the Airway
- Remove patient from exposure to allergens
 - if insect stinger is still in place scrape/brush it off, do not pinch and pull
- Auscultate for wheezing and assess level of respiratory effort
- Assess for adequacy of perfusion
- Administer oxygen to maintain pulse oximetry >94%.
- ***Do not prolong field time. Coordinate treatment with early transport of the patient***

ADULT EMR & EMT

PEDIATRIC EMR & EMT

Moderate to Severe distress

(wheezing, respiratory distress, or marked hives)

- **Epinephrine 1:1000 IM
(EMR Auto-Injector only)**

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(wheezing, respiratory distress, or marked hives)

- **Epinephrine 1:1000 IM
(EMR-age/weight appropriate Auto-Injector)**

ADVANCED EMT

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Mild symptoms (urticaria or pruritus)

- **Diphenhydramine**

Moderate to Severe distress

(wheezing, respiratory distress, or marked hives)

- **Epinephrine 1:1,000 IM** may repeat every 5 min. if needed
- **Diphenhydramine**
- **Albuterol/Atrovent Nebulizer** for wheezing
- Establish **IV** of NS. Titrate 500 ml bolus and repeat to maintain systolic BP > 90
- Establish second **IV**, TKO
- Cardiac monitor
- Consider EtCO₂ capnography

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- **Diphenhydramine**

Moderate to Severe distress

(wheezing, respiratory distress, or marked hives)

- **Epinephrine 1:1,000 IM** may repeat every 5 min. if needed
- **Diphenhydramine**
- **Albuterol/Atrovent Nebulizer** for wheezing
- Establish **IV** of NS. Titrate 20 ml/kg bolus to maintain age appropriate systolic BP
- Establish second **IV**, TKO
- Cardiac monitor
- Consider EtCO₂ capnography

Extremis

- **Epinephrine slow IV or IO**
- If out of radio contact, see Standing Order for *Out of Radio Contact for Life Threatening Disorders*.

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PARAMEDIC**PARAMEDIC**

<ul style="list-style-type: none">▪ Epinephrine, diphenhydramine, albuterol and atrovent▪ Consider methylprednisolone	<ul style="list-style-type: none">▪ Epinephrine, diphenhydramine, albuterol and atrovent▪ Consider methylprednisolone
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Notes/Educational Pearls

- **Anaphylaxis** is characterized by an acute onset involving two or more of the following:
 - Skin and/or mucosal involvement (urticaria, itchy, swollen tongue/lips)
 - Respiratory compromise (dyspnea, wheeze, stridor, hypoxemia)
 - Persistent gastrointestinal symptoms (vomiting, abdominal pain, diarrhea)
 - Hypotension or associated symptoms (syncope, hypotonia, incontinence)
- **Non-anaphylactic Allergic Reactions** generally involve only one organ system (e.g. hives alone; localized angioedema that does not compromise the airway, or not associated with vomiting)
 - A localized allergic reaction (e.g. urticaria or angioedema that does not compromise the airway) may be treated with antihistamine therapy.
- The shorter the onset from exposure to symptoms, the more severe the reaction.