

Revised Date: 10/25/2017 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 via autoinjector.
- 4. Assist the patient in administration of their own epinephrine auto-injector, if available.



5. *MCA Approval for MFR epinephrine auto-injector (Agency Option).

MCA Approval of Epinephrine Auto-injector for Select MFR Agencies (Provide participating agency list to BETP) ✓ YES □ NO



- a. If child appears to weigh less than 10 kg (approx. 20 lbs.), contact medical control prior to epinephrine, if possible.
 - b. If child weighs between 10-30 kg (approx. 60 lbs.); administer pediatric epinephrine auto-injector.
 - c. For adults and children weighing greater than 30 kg; administer epinephrine autoinjector.
 - d. May repeat at 3-5 minute intervals if the patient remains hypotensive, if available.
- Albuterol may be indicated. Refer to Nebulized Bronchodilators Procedure.
- 7. 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.
- 8. In cases of suspected anaphylaxis with hypotension, severe respiratory distress, and/or angioedema, administer Epinephrine.
 - a. Adult (1mg / 1mL), 0.3 mg (0.3 mL) IM. May repeat 1 time in 3-5 minutes if patient is still hypotensive.

b. Pediatric

- i. For children less than 10 kg (approx. 20 lbs.), contact medical control prior to epinephrine if possible.
- ii. For children weighing less than 30 kg (approx. 60 lbs.); administer Epinephrine (concentration of 1mg/1mL) 0.15 mg (0.15mL) IM OR administer pediatric epinephrine auto-injector, if available.
- iii. Child weighing 30 kg or greater; administer Epinephrine (concentration of 1mg/1mL) 0.3 mg (0.3 mL) IM OR via epinephrine auto-injector if available.
- May repeat 1 time in 3-5 minutes if patient is still hypotensive.

MCA Name: Bay County MCA MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018 Protocol Source/References:



Initial Date: 5/31/2012 Revised Date: 10/25/2017

Section 1-6



- 9. 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).
- 10. Per MCA selection, administer bronchodilator per Nebulized Bronchodilators Procedure.
- 11. Per MCA Selection, administer Prednisone OR methylprednisolone.

Medication Options:

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

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

- 12. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a PO route is inappropriate.
- 13. If patient remains hypotensive after treatment, refer to Shock Protocol.



- 14. If patient is symptomatic after treatment without hypotension.
- a. Additional epinephrine via auto-injector.
- b. Additional epinephrine (1mg / 1 mL), 0.3 mg (0.3 mL) IM.

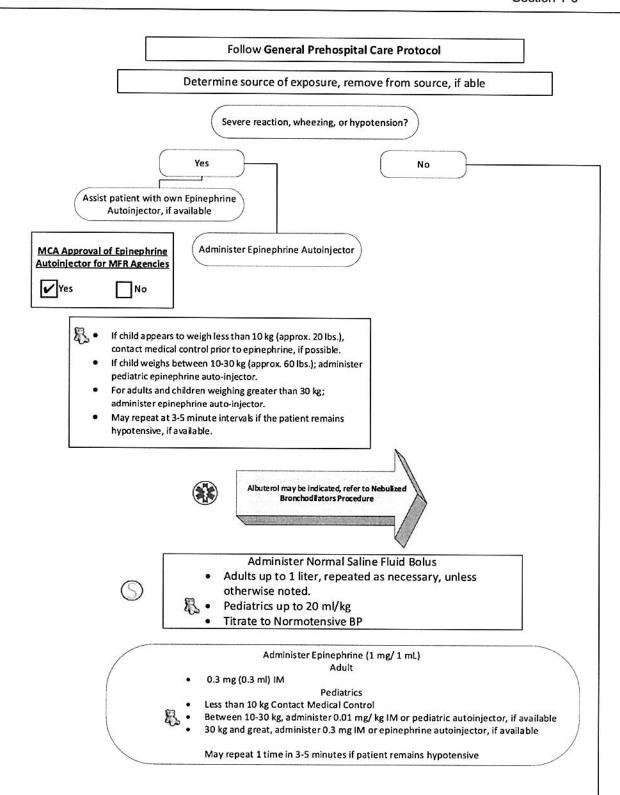
MCA Name: Bay County MCA MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018 Protocol Source/References:

^{*}MCA approval required for MFR auto-injector use.



Initial Date: 5/31/2012 Revised Date: 10/25/2017

Section 1-6





Initial Date: 5/31/2012 Revised Date: 10/25/2017

Section 1-6

