



POLICY: 554.43
TITLE: Allergic Reaction - Anaphylaxis

EFFECTIVE: 6/10/20
REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

ALLERGIC REACTION - ANAPHYLAXIS

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL

STANDING ORDERS

ALLERGIC REACTION (Hives, Rash, Swelling): A local response to an antigen involving the skin (rash, hives, edema, etc) with normal vital signs. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may escalate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

- ASSESS** CAB
- REMOVE ALLERGEN** If possible (e.g. bee stinger) and apply ice to site.
- OXYGEN** Oxygen delivery as appropriate
- MONITOR** Treat rhythm as appropriate.
- IV/IO ACCESS** TKO
- DIPHENHYDRAMINE** 25 mg IV/IO push. May administer 25 mg IM if IV/IO access not promptly available.

ANAPHYLAXIS (Wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness): A systemic response to an antigen involving two (2) or more organ systems **OR** any deterioration of vital signs.

- ASSESS** CAB
- REMOVE ALLERGEN** If possible (e.g. bee stinger) and apply ice to site.
- OXYGEN** Oxygen delivery as appropriate
- MONITOR** Treat rhythm as appropriate.
- EPINEPHRINE** 0.3 mg of 1:1000, IM. May repeat every 15 minutes
(EMTs may use either Epinephrine by auto-injector OR an Agency approved Epinephrine injection kit. 0.3mg 1:1000. NO repeat doses permitted)
- IV/IO ACCESS** Two 14-16 gauge IVs.
If systolic BP is less than 90mmHg, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.

Consider 0.2ml of 1:10,000 IV/IO every 5 minutes to maintain systolic BP > 90mmHg

PUSH DOSE
EPINEPHRINE

DIPHENHYDRAMINE 50 mg IV/IO push. May administer 50 mg IM if IV/IO access not promptly available.

ALBUTEROL If wheezing or stridor: 3.0ml of 0.5% solution in 15ml saline (or 6 unit dose vials) continuous nebulization via hand-held nebulizer, mask, or in-line with CPAP over 1 hour, or until symptoms improve. If patient intubated, administer dose through in-line aerosolized method. Repeat as needed.