

**I. General Considerations**

- A. Anaphylaxis is an apparent exposure to an allergen AND one or more of the following: severe respiratory distress; airway compromise/impending airway compromise (wheezing, swelling of the lips/tongue, throat tightness); signs of shock (including systolic BP <90).
  - B. Patients can present with anaphylaxis without a prior history of allergy.
  - C. Anaphylaxis can be caused by stings, ingestion, or contact with materials to which the patient is sensitive.
  - D. Wheezing may be caused by anaphylaxis but is not the only sign.
  - E. Do not delay transport for other than epinephrine administration.
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**II. History**

Perform a focused history and physical exam with particular attention to:

- A. What was the patient exposed to?
    - 1. Was it an ingestion? Was it a food or drug?
    - 2. Was it a sting? Where?
    - 3. How long ago was the exposure?
  - B. History of allergy:
    - 1. What is the patient allergic to?
    - 2. What reaction has the patient had in the past and is it like this reaction?
    - 3. Has the patient received any medication prior to your arrival? (e.g., Benadryl®, epinephrine).
    - 4. Does the patient have a prescription for an epinephrine auto-injector (e.g. Epi-pen®)
  - C. Obtain a medical history with particular attention to:
    - 1. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
    - 2. What medical problems does the patient have? (e.g., heart or lung problems?)
  - D. What were the patient's first symptoms/complaints?
  - E. Was or is the patient short of breath?
  - F. Has the patient noted any rash or hives?
  - G. Does the patient have any abdominal complaints?
  - H. If the patient is unconscious, how long has it been? Has the patient vomited?
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**III. Physical Examination**

- A. Perform an initial assessment with particular attention to:
  - 1. Are there any signs of respiratory difficulty?
  - 2. Assess the adequacy of respirations.
    - (a) Is the patient using accessory muscles?
    - (b) Is the patient wheezing?
- B. Perform a focused history and physical exam with particular attention to:
  - 1. Skin:
    - (a) Is there evidence of an envenomation or a sting if indicated? Is the stinger still present.
    - (b) Examine the skin for a rash or hives.

- (c) Is there evidence of poor perfusion?
    - (1) is there cyanosis?
    - (2) is there delayed capillary refill?
    - (3) is there a change in mental status?
  - (d) Is there any facial swelling?
- C. Assess the level of consciousness.
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#### **IV. Treatment**

##### **Basic**

- A. If the patient is without pulse or respirations, initiate CPR and treat for cardiac arrest.
- B. Establish an airway, maintain as indicated, suction as needed.
- C. Administer high concentration oxygen.
- D. Remove any visible stinger material.
- E. **For EMT-Bs-** *If the patient has a prescription for an auto-injector epinephrine device (e.g. Epi-per® or Epi-Pen Jr.®), has it available, and the patient has any of the following:*
  - 1. *unconsciousness and a weak pulse, with a known history of allergy and suspected or confirmed exposure to allergen;*
  - 2. *marked respiratory distress with a history of allergy; then seek on-line medical direction for an order to administer the epinephrine.*
- F. Consider Paramedic-level intercept if available.

##### **Intermediate**

- G. If the patient has any of the above and has not already received epinephrine, *seek on-line direction for administration of epinephrine: adults 1:1000 epinephrine 0.3 cc - 0.5 cc SQ; children 1:1000 epinephrine 0.01 cc/kg to a maximum dose of 0.4 cc SQ. (Standing order for paramedics) or use an auto-injector.*
- H. Secure IV access.
- I. *Consider seeking on-line medical direction for administration of albuterol.*

##### **Paramedic**

- J. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.
- K. *Consider seeking on-line direction for administration of 1 cc to 5 ccs of epinephrine, 1:10,000 IV, for the unconscious patient.*
- L. *Seek on-line direction to administer diphenhydramine (Benadryl®) 50 mg IV for an adult or 1-2 mg/kg IV for a child.*
- M. *Consider seeking on-line medical direction for the administration of methylprednisolone 1mg/kg intravenously.*