

Subject: Treatment Guidelines - BLS
Allergic Reaction /Anaphylactic Shock

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Oxygen Administration per Policy # 6030.
 - C. Attempt to identify/remove allergen.
 - D. Communicate with transporting ambulance or base hospital.
 - E. Transport.

- II. Allergic Reaction ;

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 deteriorate into anaphylaxis - reassess often and be prepared to treat for anaphylaxis.

 - A. Oxygen per Policy # 6030.
 - B. Use Pulse oximetry when available.
 - C. Remove stinger using the most expedient non-invasive method.
 - D. Initiate transport and treatment as soon as possible.
 - E. Reassess frequently and look for signs of Anaphylactic Shock.

- III. Anaphylactic Shock
 - A. Assessment:
 - 1. Known allergies.
 - 2. Exposure to food, drugs, bites or other allergens.
 - 3. Medic-Alert emblem.
 - 4. Signs of allergic reaction, e.g., itching, hives, rash, facial swelling.
 - 5. Allergy prophylaxis/treatment medication in patient's possession.
 - B. Assist patient in the use of patient prescribed auto-injector (EpiPen) when available.
 - C. If working for an approved agency, administer epinephrine via auto-injector per policy
 - D. Administer oxygen per Policy # 6030.
 - E. Consider CPAP mask device when available for severe distress. Use BVM and assist ventilations, if necessary.
 - F. Use Pulse Oximetry when available.
 - G. Be prepared to treat for shock.
 - H. If allergy is caused by stinger injection:
 - 1. Remove stinger using the most expedient non-invasive method available, regardless of what that method may be.
 - 2. Apply cold pack.
 - E. Position of comfort.

F. Communicate with transporting ambulance or base hospital.