

Subject: Treatment Guidelines – ALS
Allergic Reactions/Anaphylaxis

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Respiratory assessment (the more rapid the onset, the more severe the reaction).
 - C. Identify anaphylactic shock (anxiety, difficulty swallowing, dyspnea, urticaria, angioneurotic edema, wheezing, and hypotension).
 - D. Rapid transport, if unconscious or conscious with progressive symptoms.
- II. Allergic Reactions
 - A. Urticaria

Itchy, raised welts, may have swelling of mucous membranes of the mouth and eyes. No signs of shock.

 - 1. Ensure patent airway.
 - 2. Oxygen therapy.
 - 3. Cardiac monitor.
 - 4. Contact base hospital.
 - 5. IV access TKO if necessary.
 - 6. Consider:
 - a. Diphenhydramine per Policy # 5407.
 - b. If symptoms progress administer epinephrine per Policy # 5307.
- III. Anaphylactic Shock
 - A. The presence of urticaria/angioedema or history of exposure to allergen with dyspnea, stridor, wheezing, tachycardia, hypotension, anxiety, and tightness in the chest.
 - 1. Ensure a patent airway.
 - 2. Oxygen - high flow. Be prepared to assist ventilations with appropriate airway adjuncts.
 - 3. Position of comfort.
 - 4. Albuterol per Policy # 5329 May consider first dose mixed with Atrovent per Policy # 5440. Repeat Albuterol as needed.
 - 5. Cardiac monitor.
 - 6. Do not delay transport.
 - 7. Establish IV with large bore cannula or IO access. Provide fluid boluses 250-500cc to maintain blood pressure >90. Establish second line as time allows.
 - 8. Epinephrine for adults in significant shock:
Epinephrine 1:1000 IM per Policy # 5307
 - 9. Push Dose Epinephrine or Epinephrine drip per Policy # 5307.
Epinephrine for infants and children in significant shock:

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- a. Epinephrine 1:1,000 IM per Policy #5307.
 - b. Push Dose Epinephrine or Epinephrine drip per Policy # 5307.
 - c. Diphenhydramine per Policy # 5407.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____