

BASIC EMERGENCY MEDICAL TECHNICIAN PROTOCOLS

410

ANAPHYLACTIC REACTION

NOTE: Anaphylaxis can be a potentially life-threatening situation most often associated with a history of exposure to an inciting agent/allergen (bee sting or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.). The presence of respiratory distress (upper airway obstruction [stridor], severe bronchospasm [wheezing]) and/or cardiovascular collapse/hypotensive shock characterize the clinical findings that authorize and require treatment according to this protocol.

Patients 9 years of age and older or weighing more than 30 kg (66 lbs) use adult Epi-auto injector or IM (0.3 mg); patients younger than 9 years of age or weighing less than 30 kg (66 lbs) use pediatric Epi-auto injector or IM (0.15 mg).

1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reaction and/or recent exposure to an allergen or inciting agent.
2. Request Advanced Life Support assistance. Do NOT delay transport for any reason, including waiting for a potential second dose of epinephrine.
3. Administer high concentration oxygen.
4. Assess the cardiac and respiratory status of the patient.
 - a. If both the cardiac and respiratory status of the patient are normal, initiate transport.
 - b. If either the cardiac or respiratory status of the patient is abnormal, proceed as follows:
 - i. If the patient is having severe respiratory distress or shock and has been prescribed an Epinephrine auto-injector, assist the patient in administering the Epinephrine. If the patient's auto-injector is not available or expired administer Epinephrine via an auto-injector or IM.
 - ii. If the patient has not been prescribed an Epinephrine auto-injector, administer Epinephrine (ONE DOSE ONLY) via an auto-injector or IM.

NOTE: Administration of epinephrine must be reported to your agency's medical director as soon as possible

- iii. Contact On-Line Medical Control for authorization to administer a second dose of Epinephrine via an auto-injector or IM, if needed and if available.
 - iv. Refer immediately to the REMAC Prehospital Treatment Protocol for Respiratory Distress/Failure (#401), Obstructed Airway (#402), or Shock (#415) as appropriate.
5. If cardiac arrest occurs, refer immediately to the REMAC Prehospital Treatment Protocol for Non-Traumatic Cardiac Arrest (#403).