

**ADVANCED EMERGENCY MEDICAL TECHNICIAN (PARAMEDIC) PROTOCOLS**

**510**

**ALLERGIC / ANAPHYLACTIC REACTION**

1. Begin Basic Life Support Anaphylactic Reaction procedures.
2. If the patient is exhibiting obvious airway compromise, perform Advanced Airway Management\* simultaneous with # 3a.
3. If the patient has signs of shock OR has a past history of anaphylaxis:
  - a. Administer Epinephrine 0.3 mg (0.3 ml of a 1:1,000 solution), IM.
  - b. Begin an IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) via a large bore (14-16 gauge) catheter up to 3 liters via macro-drip.
  - c. *Administer Methylprednisolone 125 mg IV bolus, slowly, over 2 minutes*  
  
*OR*  
  
*Administer Dexamethasone 12 mg, IV bolus, slowly over 2 minutes.*
  - d. Administer Diphenhydramine 50 mg, IV bolus, or IM, if IV access has not been established.
4. If the patient does not have signs of shock and does not have a past history of anaphylaxis:
  - a. Begin an IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) via a large bore (14-16 gauge) catheter to keep vein open.
  - b. *Administer Methylprednisolone 125 mg IV bolus, slowly, over 2 minutes*  
  
*OR*  
  
*Administer Dexamethasone 12 mg, IV-bolus, slowly over 2 minutes.*
  - c. Administer Diphenhydramine 50 mg, IV bolus, or IM, if IV access has not been established.
5. If the patient has signs of bronchospasm, administer Albuterol Sulfate 0.083% (one unit dose bottle of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 – 15 minutes.  
  

NOTE: PATIENTS WITH AN ALLERGIC REACTION AND SIGNS OF BRONCHOSPASM  
MAY REQUIRE TREATMENT FOR ANAPHYLAXIS.
6. Monitor vital signs every 5 minutes.
7. Begin Cardiac Monitoring, record and evaluate EKG rhythm.

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8. Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:
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MEDICAL CONTROL OPTIONS:

OPTION A: Repeat any of the above Standing Orders.

OPTION B: In the event of continued hypotension (SBP <90mmHg):

- a) Administer epinephrine 10 mcg IV Bolus. Repeat epinephrine 10 mcg IV Bolus every 5 minutes. Titrate to a systolic BP greater 90mmHg.

OR

- b) Norepinephrine 2 mcg/min IV/IO. If there is insufficient improvement in hemodynamic status, the infusion rate may be increased until the desired therapeutic effects are achieved or adverse effects appear. Maximum dosage is 20 mcg/min, IV/IO.

OR

- c) Dopamine 5 mcg/kg/min, IV/IO drip. If there is insufficient improvement in hemodynamic status, the infusion rate may be increased until desired therapeutic effects are achieved or adverse effects appear. (Maximum dosage is 20 mcg/kg/min, IV/IO drip.)

OPTION C: Transportation Decision.

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- \* *If the patient is alert prior to performing Advanced Airway Management, refer to Prehospital Sedation in General Operating Procedures. Prior permission from Medical Control is required.*