



# San Benito County Emergency Medical Services Agency

## ACUTE ALLERGIC REACTION

Policy : M-2  
Effective : May 1, 2010  
Reviewed : May 1, 2010

### **I. BLS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

### **II. ALS Treatment Protocol:**

#### **A. Mild Reaction**

1. Treat life threats. (See Policy 4000)
2. Benadryl 1mg/kg IM up to 50mg.
3. Transport.
4. Contact Base Station.

#### **B. Moderate to Severe Reaction** (urticaria, itching, raised welts, swelling of mucous membranes of the mouth or eyes, and/or respiratory distress)

1. Treat life threats.\* (See Policy 4000)
2. Epinephrine 1:1,000, 0.3mg subcutaneous, repeat every 5 minutes as needed.
3. Benadryl 1mg/kg IM/ IVP/ IO up to 50mg.
4. If Bronchospasm or wheezes are present, administer Albuterol 5mg via nebulizer, may repeat as needed. If heart rate > 160 bpm, withhold Albuterol and contact Base Station.
5. Transport.

6. Contact Base Station.
7. In cases of profound shock: Epinephrine 1:10,000, 0.1-0.5mg slow IVP/IO at no more than 0.1mg/minute. Use Epinephrine 1:10,000 only. **This order is by Base Station MD only.**
8. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).

\*The #1 cause of sudden death from severe anaphylaxis is upper airway obstruction secondary to laryngeal edema. Aggressive treatment and airway management is critical in these instances.