

ANAPHYLAXIS

A systemic allergic reaction, which develops following a drug ingestion, insect bite or exposure to an allergen. Anaphylactic reactions are characterized by airway compromise, hypotension and/or facial swelling, severe itching and urticaria (hives). Abdominal cramps, nausea, vomiting and diarrhea are also common.

1. Obtain and maintain a patent airway, deliver **100% oxygen**.
2. Administer 0.3-0.5mg of 1:1000 **Epinephrine** intramuscular (pediatric dose: 0.01mg/kg {0.01cc/kg}). This dose may be repeated in 15 to 20 minutes if necessary; or as directed by Medical Control.
3. Establish **IV** access, give **fluid challenge** of 20cc/kg up to 500cc **NS or LR** if hypotensive.
4. **Monitor** vital signs, cardiac rhythm, oxygen saturation, color, and level of consciousness.
5. Treatment Options:
 - a. Consider nebulized epi 1:1000 2cc in 3cc NS for stridor.
 - b. Advanced airway management as needed if unable to ventilate.
 - c. Repeat **Epinephrine** 0.3-0.5mg (1:1000 solution) intramuscular.
 - d. **Diphenhydramine** 25-50mg IM or IV. (1mg/kg pediatric up to 50mg PO, IM, IV)
6. **Contact Medical Control.**
 - a. Medical Control Options
 - i. With symptomatic hypotension use **Epinephrine** 1:1000 drip. Mix to achieve 4mcg/ml (ratio 1mg/250ml) concentration, administer with 60gtt/ml chamber set. Usual range 2 – 10 mcgs/minute titrated to raise the systolic blood pressure to 70 – 100 mm Hg.