

ADULT ALLERGIC REACTION ANAPHYLACTIC SHOCK

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Onset and location Insect sting/bite Food allergy/exposure New clothing, soap, detergent PMH of reactions Medication allergy 	<ul style="list-style-type: none"> Itching, hives Coughing, wheezing Respiratory distress Difficulty swallowing Vomiting, diarrhea Hypotension Edema 	<ul style="list-style-type: none"> Urticaria (rash only) Anaphylaxis Angioedema Aspiration/obstruction Asthma/COPD Heart Failure

	EMR	EMT	PM
1. Provide Adult Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG and/or 12 lead, monitor Capnography.		•	•

UNSTABLE/ ANAPHYLACTIC SHOCK: Altered Mental Status, MAP<65 or SBP<90

3. Secure airway			•
4. EPINEPHRINE 1 mg/mL: 0.3 mg IM in anterolateral thigh, may repeat 5 min., no max.		•	•
5. DIPHENHYDRAMINE : 50 mg IVP/IO slowly over 2 minutes			•
or : 50mg IM		•	•
6. NORMAL SALINE in 500 mL increments, titrate to MAP ≥ 65			•
7. DuoNeb: ALBUTEROL : 2.5 mg / IPRATROPIUM BROMIDE : 0.5 mg, may repeat x1		•	•
8. ALBUTEROL : 2.5 mg NEB, may repeat 5 min., no max. dosage		•	•
9. If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC : PUSH DOSE EPINEPHRINE : 50 mcg (5mL) IVP/IO, repeat 5 min., max. 100mcg, target MAP ≥ 65			•

STABLE: GCS 15, MAP >65, SBP >90, skin warm/dry

WITH AIRWAY INVOLVEMENT:

3. EPINEPHRINE 1 mg/mL: 0.3mg IM in anterolateral thigh, may repeat 5 min., no max.		•	•
4. DIPHENHYDRAMINE : 50 mg IVP slowly over 2 minutes			•
or : 50mg IM		•	•
5. DuoNeb: ALBUTEROL : 2.5 mg / IPRATROPIUM BROMIDE : 0.5 mg, may repeat x1		•	•
6. ALBUTEROL : 2.5 mg NEB, may repeat 5 min., no max. dosage		•	•

STABLE: GCS 15, MAP >65, SBP >90, skin warm/dry

WITHOUT AIRWAY INVOLVEMENT:

3. Apply cold pack to site.	•	•	•
4. DIPHENHYDRAMINE : 25 mg IVP slowly over 2 minutes			•
or : 25mg IM		•	•

NOTE:

1. DuoNeb **ALBUTEROL/IPRATROPIUM BROMIDE & ALBUTEROL** NEB treatment may be administered in-line for those patients requiring CPAP or intubation.

PEARLS:

1. Patients with asthma, atopic dermatitis (eczema), prior anaphylactic history, and those who delay treatment can be at greater risk for a fatal reaction.
2. Gastrointestinal symptoms occur most commonly in food-induced anaphylaxis, and oral pruritus is often the first symptom observed.
3. New onset hoarseness or underpowered voice indicates vocal cord edema and should prompt concern for airway compromise