**ALLERGIC REACTION & ANAPHYLAXIS**

**Indications**
- Urticaria, wheezing, or signs of shock after exposure to common allergens (stings, drugs, nuts, seafood, medications)

**ALS RMC**

**Mild:**
- hives, rash
  - **Benadryl** 50mg IV/IO/IM

**Moderate:**
- hives, rash, mild bronchospasm/wheezes, normotensive
  - **Benadryl** 50mg IV/IO/IM
  - **Epinephrine** 0.3mg IM (1mg/ml concentration)
    - **MR x1 in 5 min**
  - **Albuterol** 5mg in 6ml NS via HHN, if indicated for respiratory symptoms

**Severe:**
- Anaphylaxis
  - Treat dysrhythmias per appropriate protocol
  - High flow O2; advanced airway as needed
  - **Epinephrine** 0.3mg IM (1mg/ml concentration)
    - **MR x1 in 5 min**
  - Large bore IV and **NS** fluid bolus 250-500ml IV/IO
    - **MR as needed**
  - **Benadryl** 50mg IV/IO/IM
  - **Albuterol** 5mg in 6ml NS via HHN
    - Repeat if indicated

**If SBP <80 mmHg**
- **PHYSICIAN CONSULT** for **Push-dose Epinephrine**
  - Mix 1ml Epinephrine (0.1mg/ml concentration) with 9ml NS in a 10ml syringe
  - Administer **Push-dose Epinephrine** 1ml IV/IO
    - Repeat every 3-5 min
    - Titrate to maintain SBP >80mmHg

**Monitor BP every 5 min**

**SPECIAL CONSIDERATIONS**
- **Epinephrine** may cause anxiety, tremors, tachycardia, and headache in the elderly (>50 yrs), and may precipitate AMI, hypertensive crisis and dysrhythmias
- Edema of any of the soft tissue structures of the upper airway may be lethal. Frequently assess and prepare for early intubation