Allergic Reactions

Signs and Symptoms

Mild reaction
- Itching
- Hives
- Localized swelling

Moderate reactions
- Swelling of face, lips, tongue
- Difficulty breathing
- Wheezing and or stridor
- Tachycardia

Severe reaction
- Altered Mental Status
- Hypotension (Adult SBP < 90 mmHg)

History
- Previous allergic reactions
- Exposure to known allergen
- Recent bite or sting
- Taking new medication

Differential
- Asthma
- COPD
- Toxic exposure
- Aspiration/choking
- CHF

Pediatric Pearls:

- There is generally a lower threshold for treating pediatric allergic reactions with epinephrine due to a greater tolerance of IM epinephrine in children and the prevalence of severe anaphylaxis in children with particularly those with food allergies.
- Pediatric dose for Albuterol and Atrovent is same as dose for adults.
- Administration of Epi Pen auto injector is into anterolateral aspect of patient's thigh.
- Epi Pen Jr is intended for patients 15-30 kg (33-66 lbs) and Epi Pen is for patients over 30 kg (66 pounds).

WARNINGS

! IV Epinephrine is very potent and **should only be considered** for patients in Anaphylaxis with hypotension (Adult SBP < 90 mmHg) or severe respiratory distress that do not adequately respond to IM Epinephrine and IV fluid with authorization of Medical Control Physician.

Care: Adults and Pediatrics

B E I P
Follow general protocol #3, Orders for all Patients.

If the reaction is:

Mild

E I P
Administer **Benadryl** 1mg/kg up to 50 mg IM and administer **Solu-Medrol** 2mg/kg up to 125 mg IM.

Reassess patient.

Moderate

B
Assist patient with own **Epi Pen** or Epi Pen Jr auto injector

E I P
Administer **Epinephrine** (1:1000) 0.01mg/kg up to 0.5 mg IM.

If wheezing:

E I P
Albuterol 2.5 mg & **Atrovent** 0.5 mg via nebulizer (all ages).

Establish IV **Normal Saline.**

E I P
Benadryl 1mg/kg up to 50mg IM or IV

Solu-Medrol 2mg/kg up to 125 mg IM or IV

Reassess patient and consult Medical control if no improvement.

Severe

B
Assist patient with own **Epi Pen** or Epi Pen Jr auto injector

E I P
Administer **Epinephrine** (1:1000) 0.01mg/kg up to 0.5 mg IM.

If wheezing:

E I P
Albuterol 2.5 mg & **Atrovent** 0.5 mg via nebulizer (all ages).

Establish IV **Normal Saline**

E I P
Normal Saline PRN fluid boluses to support blood pressure.

Benadryl 1mg/kg up to 50mg IM or IV

Solu-Medrol 2mg/kg up to125 mg IM or IV

Reassess
(I) (P)

! If evidence of anaphylaxis: Administer **Epinephrine** (1:10,000) 0.01mg/kg up to 0.5 mg IV.

Pearls

- Patients may not have all of the listed signs and symptoms.
- IV **Epinephrine** is administered over 1 min. and stopped if PVCs, V-Tach, or chest pain develops.
- I/Ps should place patients on cardiac monitor when administering **Epinephrine**.
- Use caution when administering **Epinephrine** to patients over 50 years old or with a history of cardiac disease.

Performance Indicators

- Proper assessment and care administered in timely manner.
- Patient placed on monitor and strips recorded if IV **Epinephrine** is administered.