

ANAPHYLAXIS/ALLERGIC REACTION

History: abrupt or rapid onset of rash, itching, facial or throat swelling, wheezing, nausea, abdominal cramping or diarrhea, weakness, confusion or collapse. Often associated with known or suspected exposure to bee sting, medication, or food, but this is not required. Patient may have a prescription for an EpiPen, and may have used it, if so note time of use and effect, examine EpiPen if able for expiration date.

Exam: May exhibit agitation, confusion or decreased level of consciousness, Facial or oral/throat swelling (hoarse or muffled voice), wheezes, urticarial rash or diffuse flushing, diaphoresis, hypotension, tachy or bradycardia.

Management: Administer epinephrine for: hypotension OR respiratory distress OR significant airway swelling (hoarse or muffled voice) with:

Exposure to known or suspected cause of allergic reaction
Hypotension OR respiratory distress OR significant airway swelling, with abrupt onset, accompanied by any rash, itching, nausea, cramps or diarrhea regardless of suspect or known exposure.

INTRAMUSCULAR INJECTION OF EPINEPHERINE

Medical control contact is not required unless need for epi is in doubt. Obtain patient or parent permission if able, if unable to obtain consent due to decreased mental status or absence of parent for a minor, administer epi under implied consent. If an adult patient refuses, do not administer. Contact medical control if parent/guardian refuses epi for pediatric patient.

Dosage- (peds use stated wt from parent or age to estimate wt.)

Adult or peds over 30 KG (65 lbs) or 10 years of age if no wt reported 0.3cc 1:1,000

Peds <10 KG (22 lbs) or under 2 years of age- 0.1cc

Peds 10-30 KG (22-65 lbs) or 2-10 years of age 0.15cc

Note: confirm ampule is epinephrine 1:1000 and not expired (if epi is expired and no unexpired drug is available, administer anyway and notify medical control) Do not administer if solution is cloudy

Gently tap vial, while holding upright, then with gauze around neck of vial break open vial.

Using syringe and needle included in the EMS epi kit, draw up appropriate dose as above

Expose skin at anterolateral thigh, prep with alcohol wipe, and insert needle through skin into muscle. In adult may insert needle to hub, in peds, at least ½ length of needle. Draw back on plunger to insure no blood return, if there is blood, pull needle back until no blood returns. Inject medication briskly, remove needle and cover puncture site with adhesive bandage or gauze and tape.

Document time and dose of medication administered, patient response and vitals 5 minutes after administration. Recheck vitals every 5 min for unstable patients or every 15 min if patient is improved and stable. If resp distress, hypotension (BP <100 for adult or age appropriate for peds) or airway threat persists at 15 min, repeat epi. All patients who have received epi, either their own or from EMS should be transported ALS