



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
ALLERGIC REACTION/ANAPHYLAXIS (ADULT/ADOLESCENT)

#: BH-M-15  
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**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If patient becomes pulseless, treat according to *BH-C-10/SO-C-10 Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic*.

**Allergic Reaction:**

1. Maximum dose of Diphenhydramine is 50 mg IM or IV

**ALS STANDING ORDER**

Allergic reactions may be mild to life threatening (termed anaphylaxis), treat based on the following assessment findings:

1. Reaction with only rash or urticarial and vital signs stable:
  - Pulse oximetry: if room air oxygen saturation less than 95%, manage as reaction includes hypoxia as described below.
  - Transport to nearest appropriate ERC.
2. Reaction includes facial/cervical angioedema:
  - *Epinephrine 0.5 mg IM lateral thigh area (1 mg/ 1 mL concentration) – one-time dose, do not administer if history of cardiac disease or Epinephrine Auto-injector administered prior to arrival.*
  - Pulse oximetry: if room air oxygen saturation less than 95%:
    - *Oxygen by mask or nasal cannula (for nasal cannula provide 6 L/min flow rate as tolerated).*
    - *Diphenhydramine (Benadryl ®) 50 mg IM or IV once (do not administer if diphenhydramine taken prior to arrival).*
  - ALS escort to nearest appropriate ERC.
3. Reaction includes wheezing or hypoxia (pulse oximetry < 95% saturation):
  - *Oxygen by mask (high flow) or nasal cannula (6 L/min flow rate) as tolerated.*
  - *Epinephrine 0.5 mg IM lateral thigh (1 mg/ 1 mL concentration), may repeat twice with 0.5 mg IM every 5 minutes for continued symptoms. If Epinephrine Auto-injector administered prior to arrival, consider one dose of epinephrine has been provided.*
  - *Albuterol, Continuous nebulization of 6 ML (5 mg) concentration as tolerated.*
  - *Diphenhydramine (Benadryl ®) 50 mg IM or IV once (do not administer if diphenhydramine taken prior to arrival)*
  - ALS escort to nearest appropriate ERC.

Approved:

*Carl Schultz, M.D.*

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BASE GUIDELINES

Anaphylaxis

1. For impending airway obstruction consider:
  - *Epinephrine 0.3 mg slow IV/IO (0.1 mg/mL preparation)*
2. For absent or weak palpable pulse, continue normal saline boluses and consider:
  - *Epinephrine 0.3 mg slow IV/IO (0.1 mg/mL preparation)*

ALS STANDING ORDER

4. Reaction includes hypotension, respiratory distress, and/or impending airway obstruction:
  - *Epinephrine 0.5 mg IM lateral thigh (1 mg/1mL concentration)*
  - Establish IV/IO access,
    - *Normal Saline, infuse 250 mL IV or IO, repeat up to maximum 1 liter to maintain adequate perfusion*
    - *After initial IM epinephrine given as above, if continued symptoms after 5 minutes, repeat Epinephrine 0.5 mg IM lateral thigh or Epinephrine 0.3 mg IV/IO (0.1 mg/1 mL concentration).*
    - *Oxygen by mask or nasal cannula (for nasal cannula provide 6 L/min flow rate as tolerated).*
    - *Diphenhydramine (Benadryl®) 50 mg IM/IV once (do not administer if diphenhydramine taken prior to arrival).*
  - Contact Base Hospital and ALS escort to Base designated ERC.
5. Patients self-treated with Epi-Pen (epinephrine auto-injector) prior to EMS arrival:
  - Consider patient having received first 0.5 mg epinephrine IM dose and otherwise follow above steps.
  - ALS escort to ERC for further evaluation even when symptom resolving.

Approved:

*Corel Schultz, MD*

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