

<b>ALLERGIC REACTION/ANAPHYLAXIS</b>	
One or more of the following should increase suspicion for anaphylaxis: <ul style="list-style-type: none"> <li>Respiratory symptoms (throat tightness, hoarse voice, wheezing/stridor, cough, SOB)</li> <li>Cardiovascular symptoms: fainting, dizziness, tachycardia, hypotension</li> <li>GI symptoms: nausea, vomiting, abdominal cramping</li> <li>Angioedema of eyelids, lips, tongue, face</li> </ul>	
<b>ADULT</b>	<b>PEDIATRIC (≤34 KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>Universal Protocol #601</li> <li>Pulse Oximetry <ul style="list-style-type: none"> <li>O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li>May assist with the administration of patient's prescribed medication (i.e. Epi Auto-injector, inhaler, etc.)</li> </ul>	Same as Adult
<b>BLS Additional/Optional Skills as Approved by SLOEMSA</b>	
<p><b>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</b></p> <ul style="list-style-type: none"> <li><b>Adult 0.3 mg Epinephrine Auto-Injector</b> administered in anterolateral thigh <ul style="list-style-type: none"> <li>May repeat, if indicated, every 5 min, max 3 doses</li> </ul> </li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li><b>Adult Epinephrine 1:1000 0.3 mg IM</b> <ul style="list-style-type: none"> <li>May repeat, if indicated, every 5 min, max 3 doses</li> </ul> </li> </ul>	<p><b>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</b></p> <ul style="list-style-type: none"> <li><b>Pediatric (≥15 kg) 0.15 mg Epinephrine Auto-Injector</b> administered in anterolateral thigh <ul style="list-style-type: none"> <li>May repeat, if indicated, every 5 min, max 3 doses</li> </ul> </li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li><b>Pediatric (≥15 kg), Epinephrine 1:1000 0.15 mg IM anterolateral thigh</b> <ul style="list-style-type: none"> <li>May repeat, if indicated, every 5 min, max 3 doses</li> </ul> </li> </ul>
<b>ALS Standing Orders</b>	
<p><b>Skin signs only (e.g. Itching/rash/hives/flushing)</b></p> <ul style="list-style-type: none"> <li><b>Diphenhydramine 50 mg IV/IM</b></li> </ul>	<p><b>Skin signs only (e.g. Itching/rash/hives/flushing)</b></p> <ul style="list-style-type: none"> <li><b>Diphenhydramine 2 mg/kg IV/IM – not to exceed 50 mg</b></li> </ul>

<p><b>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</b></p> <ul style="list-style-type: none"> <li>• <b>Epinephrine 1:1,000</b> 0.01 mg/kg IM – not to exceed 0.5 mg <ul style="list-style-type: none"> <li>- may repeat every 5 min, max 3 doses</li> </ul> </li> <li>• <b>Diphenhydramine</b> 50 mg IV/IM</li> <li>• If respiratory involvement add: <ul style="list-style-type: none"> <li>- <b>Albuterol</b> 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min</li> <li>- repeat as needed</li> </ul> </li> </ul>	<p><b>Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)</b></p> <ul style="list-style-type: none"> <li>• <b>Epinephrine 1:1,000</b> 0.01 mg/kg IM – not to exceed 0.3 mg <ul style="list-style-type: none"> <li>- may repeat every 5 min, max 3 doses</li> </ul> </li> <li>• <b>Diphenhydramine</b> 2 mg/kg IV/IM – not to exceed 50 mg</li> <li>• If respiratory involvement add: <ul style="list-style-type: none"> <li>- <b>Albuterol</b> 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min</li> <li>- repeat as needed</li> </ul> </li> </ul>
<b>Base Hospital Orders Only</b>	
<p>Unresponsive to previous therapy</p> <ul style="list-style-type: none"> <li>• <b>Epinephrine 1:10,000</b> 0.01 mg/kg slow IV titrated – not to exceed 0.5 mg</li> <li>• As needed</li> </ul>	<p>Unresponsive to previous therapy</p> <ul style="list-style-type: none"> <li>• <b>Epinephrine 1:10,000</b> 0.01 mg/kg slow IV titrated – not to exceed 0.3 mg</li> <li>• As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• If unsure between allergic reaction and anaphylaxis, treat as suspected anaphylaxis and give Epinephrine <b>early</b></li> <li>• Auto-injector injection site should be exposed and cleansed with aseptic technique prior to injection.</li> <li>• Follow manufacturer's instructions when using Epinephrine auto-injector.</li> </ul>	