



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. M2
Reviewed January 2008

Emergency Medical Services Program

Approved

Medical Director

Subject: ACUTE ALLERGIC REACTION

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

A. Mild Reaction

1. Treat life threats. (See Policy 4000)
2. Benadryl 1mg/kg IM up to 50mg.
3. Transport.
4. Contact Base Station.

B. Moderate to Severe Reaction (urticaria, itching, raised welts, swelling of mucous membranes of the mouth or eyes, and/or respiratory distress)

1. Treat life threats.* (See Policy 4000)
2. Epinephrine 1:1,000, 0.3mg IM, repeat every 5 minutes as needed.
3. Benadryl 1mg/kg IM/ IVP/ IO up to 50mg.
4. If Bronchospasm or wheezes are present, administer Albuterol 5mg via nebulizer, may repeat as needed. If heart rate > 160 bpm, withhold Albuterol and contact Base Station.
5. Transport.
6. Contact Base Station.
7. In cases of profound shock: Epinephrine 1:10,000, 0.1-0.5mg slow IVP/IO at no more than 0.1mg/minute. Use Epinephrine 1:10,000 only. **This order is by Base Station MD only.**
8. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).

*The #1 cause of sudden death from severe anaphylaxis is upper airway obstruction secondary to laryngeal edema. Aggressive treatment and airway management is critical in these instances.