Anaphylaxis/Allergic Reaction

1. Follow General Pre-hospital Care Protocol.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. In cases of severe allergic reaction, wheezing or hypotension, administer epinephrine via auto-injector.
4. Assist the patient in administration of their own epinephrine auto-injector, if available.


   a. If child appears to weigh less than 10 kg (approx. 20 lbs.), contact medical control prior to epinephrine, if possible.
   b. If child weighs between 10-30 kg (approx. 60 lbs.); administer pediatric epinephrine auto-injector.
   c. For adults and children weighing greater than 30 kg; administer epinephrine auto-injector.
   d. May repeat at 3-5 minute intervals if the patient remains hypotensive, if available.

6. Albuterol may be indicated. Refer to Nebulized Bronchodilators Procedure.

7. Administer a Normal Saline IV/IO fluid bolus.
   a. The standard NS IV/IO fluid bolus volume will be up to 1 liter, wide open, repeated as necessary, unless otherwise noted by protocol. IV/IO fluid bolus is contraindicated with pulmonary edema.
   b. Fluid should be slowed to TKO when SBP greater than 90 mm/Hg.
   c. For pediatrics, fluid bolus should be 20 mL/kg, and based on signs/symptoms of shock.

8. In cases of suspected anaphylaxis with hypotension, severe respiratory distress, and/or angioedema, administer Epinephrine.
   a. Adult (1mg / 1mL), 0.3 mg (0.3 mL) IM. May repeat 1 time in 3-5 minutes if patient is still hypotensive.
   b. Pediatric
      i. For children less than 10 kg (approx. 20 lbs.), contact medical control prior to epinephrine if possible.
      ii. For children weighing less than 30 kg (approx. 60 lbs.); administer Epinephrine (concentration of 1mg/1mL) 0.15 mg (0.15mL) IM OR administer pediatric epinephrine auto-injector, if available.
      iii. Child weighing 30 kg or greater; administer Epinephrine (concentration of 1mg/1mL) 0.3 mg (0.3 mL) IM OR via epinephrine auto-injector if available.
      iv. May repeat 1 time in 3-5 minutes if patient is still hypotensive.

9. If patient is symptomatic, administer Diphenhydramine.

MCA Name: Oakland County
MCA Board Approval Date: February 2, 2018
MCA Implementation Date: June 1, 2018
Protocol Source/References:
Southeast Michigan Regional Protocol  
GENERAL TREATMENT PROTOCOLS  
ANAPHYLAXIS/ALLERGIC REACTION

Initial Date: 5/31/2012  
Revised Date: 12/18/2017

10. Per MCA selection, administer bronchodilator per **Nebulized Bronchodilators Procedure**.

11. Per MCA Selection, administer Prednisone OR methylprednisolone.

- Prednisone 50 mg tablet PO (Children > 6 y/o)
- Methylprednisolone
  - Adult 125 mg IV/IO/IM or
  - Pediatric 2 mg/kg IV/IO/IM (max 125 mg)

12. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a PO route is inappropriate.

13. If patient remains hypotensive after treatment, refer to **Shock Protocol**.

14. If patient is symptomatic after treatment without hypotension.

- Additional epinephrine via auto-injector.
- Additional epinephrine (1mg / 1 mL), 0.3 mg (0.3 mL) IM.

*MCA approval required for MFR auto-injector use.*