



EMS System for Metropolitan Oklahoma City and Tulsa 2023 Medical Control Board Treatment Protocols



EMS SECTION

Draft for Review & Action 5/10/23, Effective 7/1/23, replaces all prior versions

8D - ACUTE ALLERGIC REACTIONS ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
2. Epinephrine for anaphylaxis
**** First two epi doses are standing order. Any additional epi dose requires OLMC consult.**
3. Oxygen administration
4. Bronchodilator for bronchospasm

EMD

ADVISE TO USE EPINEPHRINE AUTOINJECTOR IF AVAILABLE AND PATIENT'S PHYSICIAN HAS PRESCRIBED TO USE FOR SAME SYMPTOMS

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). DO NOT MOVE THE PATIENT UNLESS IN DANGER
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

**EMERGENCY MEDICAL
DISPATCHER**

**EMERGENCY MEDICAL
RESPONDER**

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

GENERAL SUPPORTIVE CARE

OBTAIN VITAL SIGNS

O₂ VIA NC, NRB, OR BVM AS APPROPRIATE

APPLY CARDIAC MONITOR (if equipped)

ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

EMT OR HIGHER LICENSE:

FOR ANAPHYLAXIS ONLY

ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH

PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH

OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg

MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, *** Mandatory use if pt intubated)

ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

ADULT & PEDIATRIC WEIGHT ≥ 15 kg: NEBULIZED ALBUTEROL 5 mg or LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg

PEDIATRIC WEIGHT < 15 kg: NEBULIZED ALBUTEROL 2.5 mg or LEVALBUTEROL 1.25 mg & IPRATROPIUM BROMIDE 0.25 mg

MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED

EMT - I85

AEMT

ADULT: INTUBATE IF INDICATED

IV ACCESS

ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,

ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg

PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEM

FOR ANAPHYLAXIS ONLY

ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH

PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH

OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg

PARAMEDIC

MILD REACTION (RASH, ITCH, HIVES) ANTIHISTAMINE

ADULT: DIPHENHYDRAMINE 50 mg IM/IVP

PEDIATRIC: DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

MODERATE REACTION (SOB, WHEEZING) ANTIHISTAMINE + BRONCHODILATOR + STEROID

DIPHENHYDRAMINE ADMINISTRATION AS IN MILD REACTION & BRONCHODILATOR ADMINISTRATION AS IN EMT ABOVE

ADULT: METHYLPREDNISOLONE 125 mg IM/IVP or DEXAMETHASONE 10 mg IM/IVP

PEDIATRIC: METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 mg or DEXAMETHASONE 0.6 mg/kg IM/IVP MAX 10 mg

SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSPNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP < 100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC

VASOCONSTRICTOR + ANTIHISTAMINE + BRONCHODILATOR + STEROID

ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH

PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH

DIPHENHYDRAMINE ADMINISTRATION & BRONCHODILATOR ADMINISTRATION AS IN MILD REACTION; STEROID ADMINISTRATION AS ABOVE

IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000

ADULT: **EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)

PEDIATRIC: **EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)