



# EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



EMS SECTION

Approved 9/11/19, Effective 1/15/20, 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

O<sub>2</sub> 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 CO<sub>2</sub> & 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 & IPRATROPIUM BROMIDE 0.5 mg

**PEDIATRIC WEIGHT < 15 kg:** NEBULIZED ALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.25 mg

MAY REPEAT ALBUTEROL ENROUTE X 2 AS NEEDED

EMT-185

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

**PEDIATRIC:** METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 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)