

Kittitas County Prehospital Care Protocols

Subject: ANAPHYLAXIS / ALLERGIC – DOH Addendum

The purpose of this document is to provide written protocols for EMT providers certified and practicing in Kittitas County in conjunction with the Washington State EMT Field Protocols (revised September 2005).

I. Scene Size-up/Initial Patient Assessment (Primary Assessment)

II. Focused History and Detailed Physical Exam (Secondary Assessment)

A. Signs and symptoms

1. Not all signs and symptoms are present in every case
2. History – previous exposure; previous experience to exposure; onset of symptoms; dyspnea
3. Level of Consciousness – unable to speak; restless; decreased level of consciousness; unresponsive
4. Upper Airway – hoarseness; stridor; pharyngeal edema / spasm
5. Lower Airway – tachypnea; hypoventilation; labored-accessory muscle use; abnormal retractions; prolonged expirations; wheezes; diminished lung sounds
6. Skin – hives, redness; rashes; edema; moisture; itching; urticaria; pallor; cyanotic
7. Vital Signs – tachycardia; hypotension
8. Gastrointestinal – abnormal cramping; nausea/vomiting; diarrhea

Note: Life threatening airway/respiratory compromise and shock may develop as the reaction progresses.

III. Management / Treatment

- A. Remove offending agent (i.e. stinger)
- B. Clear the airway; provide oxygen and/or ventilatory assistance as necessary, if not done during Initial Patient Assessment
- C. Anaphylaxis/Allergic Reaction with Severe Respiratory Distress
 1. Circulation
 2. Epinephrine 1:1000 – **See Epinephrine for Anaphylaxis Protocol**
 - a) Dosage - **Administered via an Epi Auto-injector or syringe method per BLS Epinephrine protocol.**
Adult: 0.3mg (30 kg or 66 lbs and higher)
Infant and child: 0.15mg (under 30 kg or 66 lbs.)
 - b) Ensure epinephrine is not expired, cloudy or crystallized
 - c) **Initial dose may be administered per off-line medical direction.**
 - d) Record time of injection and reassess in two minutes

Effective Date: 8/4/2014 (DOH approved)

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3. If the administration of Epi is refused do not administer Epi, contact medical control and continue supportive care.
 4. **If the patient does not improve within 2 minutes after administration, contact online medical control for further direction and possible approval to repeat initial dose.**
- D. Pulse Oximetry if available
E. Physical Support

IV. Ongoing Assessment

V. Transport

When a paramedic system exists, ALS rendezvous shall be arranged as soon as possible.

Latest changes are in **bold**.

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