



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
**ALLERGIC REACTION/ANPHYLAXIS (ADULT/ADOLESCENT)**

#: BH-M-15  
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Org. Date: 12/2006  
Date: 04/01/17

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If patient becomes pulseless, treat according to *BH-C-10/SO-C-10 Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic*.

**Allergic Reaction Moderate:**

1. Maximum dose of Diphenhydramine is 50 mg IM or IV.

**ALS STANDING ORDER**

**Categorize reaction into one of three categories as described below:**

**Allergic Reaction-mild** (rash, urticaria and vital signs stable):

- Pulse oximetry, if room air oxygen saturation less than 95%:
  - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
- Transport to nearest ERC.

**Allergic Reaction-moderate** (facial/cervical angioedema or wheezing):

- Pulse oximetry; if room air oxygen saturation less than 95%:
  - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
    - For facial/cervical angioedema:
      - ▶ *Diphenhydramine (Benadryl®) 50 mg IM or IV once.*
      - ▶ *Epinephrine 0.3 mg IM (1 mg/mL preparation)– hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.*
  - If wheezing present:
    - ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
- ALS escort to nearest appropriate ERC.

Approved:

Reviewed: 11/16  
Final Date for Implementation: Apr 01, 2017  
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**BASE GUIDELINES**

**Anaphylaxis**

1. For impending airway obstruction consider:
    - ▶ repeat *Epinephrine 0.3 mg slow IV/IO (0.1 mg/mL preparation) (IV preferred) OR Epinephrine 0.3 mg IM (1 mg/mL preparation)*
  2. For absent or weak palpable pulse, continue normal saline boluses and consider:
    - ▶ If available, push dose Epinephrine (per Procedure #230)
- Mixing instructions:**
- Take Epinephrine 1 mg of 0.1 mg/mL preparation (cardiac epinephrine) and expel 9cc of epinephrine.
  - Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
  - Mixture now provides 10 mL of Epinephrine at a 10 mcg/mL concentration.
- Push Dose:**
- *Epinephrine 0.5 mL (5 mcg) IV/IO, every 3 minutes titrate to a SBP > 90.*

**ALS STANDING ORDER**

- Anaphylaxis:** (hypotension, severe wheezing, respiratory distress, impending airway obstruction):
- ▶ *Epinephrine 0.3 mg slow IV/IO (0.1 mg/mL preparation) (IV preferred) OR Epinephrine 0.3 mg IM (1 mg/mL preparation).*
  - ▶ *Diphenhydramine (Benadryl®) 50 mg IM/IV once.*
  - ▶ *Normal Saline, infuse 250 mL IV or IO up to a maximum 1 liter to maintain adequate perfusion.*
- Pulse oximetry; if room air oxygen saturation less than 95%:
  - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
- If wheezing present:
  - ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
- ALS escort to nearest appropriate ERC; contact Base Hospital if no response to therapy
  - ▶ *Normal Saline, infuse 250 mL IV or IO, repeat up to maximum of one liter*

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