



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

#: BH-M-15
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Org. Date: 04/01/2013
Revised Date: 07/20/2023

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/S0-C-10 Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic*.

Allergic Reaction:

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

Anaphylaxis

1. For impending airway obstruction consider:
 - *Epinephrine 0.3 mg slow IV/10 (0.1 mg/ml. preparation)*
2. For absent or weak palpable pulse, continue normal saline boluses and consider:
 - *Epinephrine 0.3 mg slow IV/10 (0.1 mg/ml. preparation)*

ALS STANDING ORDER

Allergic reactions may be mild to life threatening (termed anaphylaxis), treat based on the following findings.

I. Allergic Reaction:

Allergic reaction with only rash or urticaria, and with stable vital signs and no history of anaphylaxis:

- Pulse oximetry: if room air oxygen saturation less than 95%, manage as anaphylaxis as described below.
- Transport to nearest appropriate ERC. ALS escort if history of anaphylaxis.

Allergic reaction limited only to facial/cervical angioedema:

- **Epinephrine 0.5 mg IM** lateral thigh area (1 mg/1 mL concentration) – one-time dose, **HOLD if Epinephrine Auto-injector administered prior to arrival.**
- Oxygen by mask (*high flow*) or nasal cannula (*for nasal cannula provide 6 L/min flow rate as tolerated*).
- **Diphenhydramine (Benadryl®) 50 mg IM or IV** once (*do not administer if diphenhydramine taken prior to arrival*).

ALS escort to the nearest appropriate ERC.

II. Anaphylaxis:

Anaphylactic reaction includes hypotension, wheezing, hypoxia (pulse oximetry less than 95% saturation), stridor, intra-oral swelling, gastrointestinal symptoms, and/or impending airway obstruction:

- **Epinephrine 0.5 mg IM** lateral thigh area (1 mg/1 mL concentration). If Epinephrine Auto-injector administered prior to arrival, consider one dose of epinephrine has been provided.
- Oxygen by mask (*high flow*), or nasal cannula (*provide 6 l/min flow rate*) as tolerated

Approved:

Reviewed: 5/16, 8/18, 9/22, 7/23
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ALS STANDING ORDER

- ▶ Establish IV/IO access if hypotensive.
- ▶ **Infuse normal saline, 250 mL IV or IO bolus, repeat up to maximum 1 liter to maintain adequate perfusion.**

If wheezing or hypoxic (initial room air pulse oximetry less than 95% saturation):

- ▶ **Albuterol, continuous nebulization of 6 mL (5 mg) concentration as tolerated.**

After initial IM Epinephrine given as above, if after approximately 5 minutes symptoms of hypotension, respiratory distress, or impending airway obstruction continue, repeat:

- ▶ **Epinephrine 0.5 mg IM lateral thigh (1mg/1mL concentration) OR Epinephrine 0.3 mg IV/IO (0.1mg/1mL concentration)**
- ▶ **Diphenhydramine (Benadryl) 50 mg IM/IV once (do not administer if diphenhydramine taken prior to arrival)**
- ▶ Contact Base Hospital and ALS escort to Base designated ERC.

Patients self-treated with Epi-Pen (epinephrine auto-injector) prior to EMS arrival:
Consider patient having received first 0.5 mg epinephrine IM dose and otherwise follow above steps. ALS escort to ERC for further evaluation even when symptoms resolving.

Approved:

Carl Schultz M.D.

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