General Medicine
ALLERGIC REACTION / ANAPHYLAXIS
Practice Guideline

Patient Care Goals:
1. Provide timely therapy for potentially life-threatening reactions to known or suspected allergens to prevent cardiorespiratory collapse and shock
2. Understand anaphylaxis is a spectrum disorder from mild to deadly symptoms; epinephrine is the life saving intervention; others are adjunctive.

Patient Presentation:
Inclusion Criteria
All ages with suspected allergic reactions even if they received an epi dose prior to arrival.

Patient Management:
Epinephrine 1mg/ml (1:1000) IM
- 0.3 mg if 30 kg or over
- 0.15 mg if under 30 kg

Repeat in 5 minutes if no improvement

Dexamethasone
- 0.5 mg/kg

Max dose of 16 mg

Diphenhydramine
- 1 mg/kg IM, IV, IO

Max dose of 25 mg

Normal Saline Bolus
20 mL/kg

Norepinephrine
Start at 8 mcg/min, max 12 mcg/min

Special PRN circumstances:
Albuterol / Ipratropium for wheezing
5 mg/1 mg nebulized (Adult)
2.5 mg/0.5 mg (Peds)

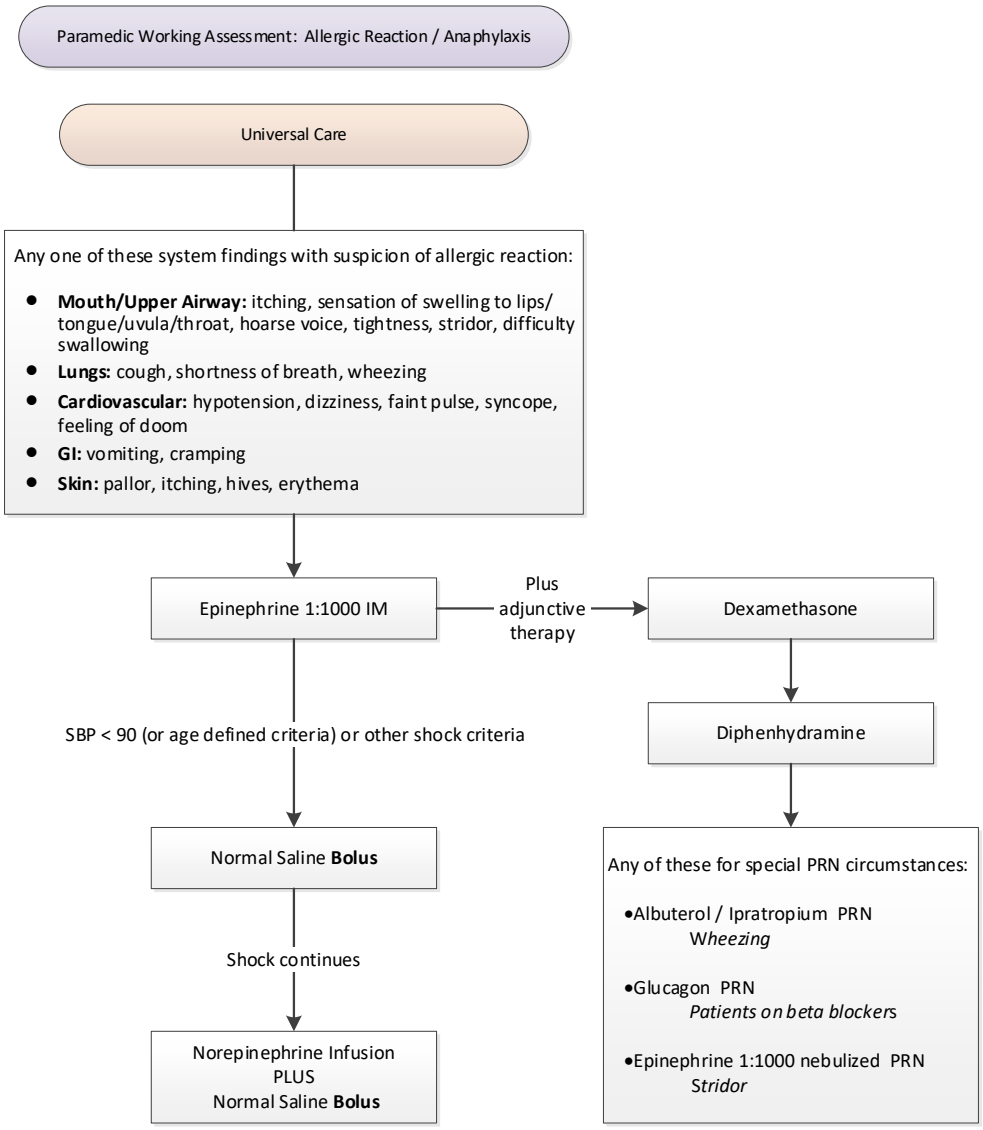
Glucagon for pts on beta blockers
1 mg IM/IV/IN (Adult)
0.5 mg IM/IV/IN (Peds)

Epinephrine 1mg/ml (1:1000) for stridor *nebulized*
5 mg (adult), 2.5 mg (Peds) nebulized.
Note: never give this concentration IV or IO

Patient Safety Considerations:
Patients at high risk of death include:
Delayed epinephrine use
Received 2 total doses of epi
History of asthma
Patient on beta blockers
Inadequate resolution of symptoms

Cardiovascular collapse can be sudden and difficult to predict; hives/rash are not always present – do not rely on these findings if absent.

Quality Improvement:
Key Documentation Elements
1. Time to epinephrine



Initiated: 05/22/1998
Reviewed/Revised: 04/15/2021
Revision 15

Approved: Benjamin Weston, MD, MPH Medical Director
Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
WI DHS EMS Approval: 03/01/2018