

POLICY: 554.43  
TITLE: Allergic Reaction

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## ALLERGIC REACTION

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

**Provider Key: F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP**  
**P = Paramedic                                      D = Base Hospital Physician Order Required**

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>REMOVE ALLERGEN:</b> (i.e., bee stinger) & apply ice to site if indicated.	X	X	X	X	
<b>BLS AIRWAY:</b> okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
<b>ADVANCED AIRWAY:</b> if GCS is < 8 and not rapidly improving, consider: - SGA - or ETI			X	X X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor.				X	
<b>OXYGEN:</b> if pulse oximetry <94% or signs of hypoperfusion or respiratory distress.	X	X	X	X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>MILD or MODERATE REACTION</b> (Rash, Swelling, Wheezing)	F	E	O	P	D
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>APPROVED BETA-2 AGONIST:</b> choose <b>ONE</b> of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). If patient intubated, administer inhaled medication through aerosol holding chamber. Repeat as indicated. • <b>ALBUTEROL:</b> 2-10 inhalations via metered dose inhaler or 2.5 mg via nebulizer. If patient intubated, administer dose through aerosol holding chamber. • <b>LEVALBUTEROL:</b> 1.25 mg via nebulizer.				X	
<b>DIPHENHYDRAMINE:</b> 25-50 mg IV/IO push or IM if IV/IO access not promptly available.				X	

	F	E	O	P	D
<b>*EPINEPHRINE:</b> 0.3 mg of 1:1000 (1 mg/mL) IM via auto injector.		X	X	X	
<b>*EPINEPHRINE:</b> 0.3 mg IM of 1:1000 (1 mg/mL). May repeat once in 3-5 minutes.			X	X	
<b>SEVERE REACTION</b> (Hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness)	F	E	O	P	D
<b>VASCULAR ACCESS:</b> IV/IO, 2 large bore. Administer 250 mL fluid boluses as indicated. Reassess after each bolus.				X	
<b>DIPHENHYDRAMINE:</b> 25-50 mg. IV/IO slow push or IM if IV/IO access not promptly available.				X	
<b>PUSH DOSE EPINEPHRINE:</b> for hypotension – titrate to SBP $\geq$ 90 <ul style="list-style-type: none"> <li>Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL)</li> <li>Label syringe “epinephrine 10 mcg/mL”</li> <li>0.5 – 1 mL (5-10 mcg) IVP every 1 – 5 minutes</li> </ul> If SBP does not stabilize $\geq$ 90 after two doses, consider epinephrine drip. Refer to 554.88 ADULT MEDICATION CHARTS.				X	
<b>NEEDLE CRICOTHYROTOMY:</b> For airway obstruction and inability to ventilate by other means (BVM, SGA, ETT) use Quicktrach device. Ventilate with high flow oxygen				X	

**\* Use caution in the presence of coronary artery disease or history of hypertension.**

**NOTE:** The order in which medications are administered is discretionary.