



**BLS**

**ALS**

- Ensure patent airway
  - O<sub>2</sub> saturation PRN
  - O<sub>2</sub> and/or ventilate PRN
  - Attempt to identify allergen and route (injected, ingested, absorbed, or inhaled)
  - Remove allergen (e.g., stinger, injection mechanism), if possible
  - Epinephrine auto-injector 0.3 mg IM x1
- OR**
- Assist patient to self-medicate own prescribed epinephrine auto-injector or albuterol MDI **once only**. BH contact required for additional dose(s)

- Monitor/EKG
  - IV/IO <sup>Ⓐ</sup>
  - Capnography PRN
- Allergic reaction (skin signs only)**
- Urticaria (hives, rash)
  - Erythema (flushing)
  - Pruritus (itching)
- Allergic reaction treatment**
- Diphenhydramine 50 mg IV/IM
- Suspected anaphylaxis reaction**
- Respiratory: throat tightness, hoarse voice, wheezing/stridor, cough, SOB
  - Cardiovascular: fainting, dizziness, tachycardia, low BP
  - GI: nausea, vomiting, abdominal cramping
  - Tissues: angioedema of eyelids, lips, tongue, face
- Anaphylaxis treatment**
- Epinephrine 1:1,000 (1 mg/mL) 0.5 mg IM, MR x2 q5 min <sup>Ⓐ</sup>  
**then**
  - Diphenhydramine 50 mg IV/IM
- If respiratory involvement<sup>1</sup>**
- Albuterol/Levalbuterol 6 mL via nebulizer, MR <sup>Ⓐ</sup>
  - Ipratropium bromide 2.5 mL 0.02% via nebulizer added to first dose of albuterol/levalbuterol
- Severe anaphylaxis or inadequate response to treatment**
- 500 mL fluid bolus IV/IO MR to maintain SBP ≥90 mmHg <sup>Ⓐ</sup>
  - Push-dose epinephrine 1:100,000 (0.01 mg/mL) 1 mL IV/IO, MR q3 min, titrate to SBP ≥90 mmHg or improvement in status

**Push-dose epinephrine mixing instructions**

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

<sup>1</sup> **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available