

*General Care***EMR / BLS**

1. Initial Assessment/Care (**Protocol 1**).

**A. Anaphylaxis (Severe reaction)**

Anaphylaxis is a condition resulting from a severe allergic reaction. The patient will present in shock or acute respiratory distress as a result of angioedema of the upper airways and bronchospasm.

*Adult Care*

2. Administer one injection from the Epi Pen in the lateral thigh or upper arm. The Epi Pen is to be used by EMR/BLS units only. ALS units will go to step # 3.

**ALS**

3. Administer **Epinephrine 1:1,000, 0.5 mg deep IM**. This may be repeated once if there is no improvement after 5 minutes.
  1. If the patient is profoundly hypotensive (BP less than 80 mmHg Systolic or with no radial pulse), then administer Epinephrine 1:10,000 0.3 mg SLOW IV. This may be repeated once in five minutes if there is no improvement.
4. Administer **Benadryl (diphenhydramine), 25 mg Slow IV or IM**.
5. If bronchospasm is not relieved by the administration of Epinephrine, administer **Albuterol, 2.5 mg via a nebulizer**.

**B. Mild Allergic Reactions**

Mild reactions include local/systemic itching and urticaria (hives). Treatment is aimed at making the patient comfortable and continually assessing for the development of respiratory distress and/or anaphylaxis.

*Adult Care***ALS**

1. Administer **Benadryl (diphenhydramine), 25 mg Slow IV or IM**. This may be repeated once if symptoms do not subside.
2. If respiratory distress and/or bronchospasm develop, treat the patient per Section A, Anaphylaxis (Severe reaction).

**C. Dystonic Reactions**

Dystonic or extrapyramidal reactions are the result of side effects related to a number of anti-psychotic and anti-emetic drugs. Signs and symptoms include painful upward gaze, bizarre tics of the eyelids, jaw clenching, facial grimacing, neck and back stiffness or spasms, and difficulty speaking. The patient is often fully awake and aware, which can help differentiate dystonic reactions from seizures. Suspect possible dystonic reaction in the patient exhibiting these signs who is taking any of the following medications:

Haldol (Haloperidol)	Tigan (Trimethobenzamide HCl)	Stelazine (Trifluoperazine)
Trilafon (Perphenazine)	Prolixin (Fluphenazine HCl)	Reglan (Metoclopramide)
Navane (Thiothixene)	Compazine (Prochlorperazine)	

NOTE: The individuals taking any of these medications may also be prescribed **Cogentin** (Benztropine Mesylate) to combat untoward effects.

#### *Adult Care*

#### **ALS**

1. Administer **Benadryl (diphenhydramine), 25 mg Slow IV or IM**. This dose may be repeated once if symptoms do not subside.