



A. Anaphylaxis (Severe Reactions)

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.

EMR/BLS

1. Initial Assessment/Care [Protocol 1P](#).
2. Administer supplemental oxygen as needed.
3. Patients 15 to 30 kg (33 lbs to 66 lbs) administer one injection from the Epi-Pen Jr® in the lateral thigh or upper arm.
4. Patients > 30 kg (> 66 lbs) administer one injection from the EpiPen® in the lateral thigh or upper arm. The EpiPen Jr.® [Procedure 18](#) is to be used by EMR/BLS units only. ALS units will go to step # 5.

Note: The EpiPen Jr®. is not indicated for patients < 15 kg (33 lbs).

ALS

5. Administer **Epinephrine 1:1,000 (1 mg/mL) 0.01 mg/kg** IM (max dose of 0.3 mg). DO NOT administer more than 0.3 mg IM in a single dose.
 1. If the patient is profoundly hypotensive (Delayed capillary refill or with no radial pulse) then administer **Epinephrine 1:10,000 (1 mg/10 mL) 0.05 mg (0.5 mL) slow IVP**. This may be repeated in 5 minutes if there is no improvement.
6. Administer **Diphenhydramine (Benadryl) 1 mg/kg slow IVP** or IM (max dose of 25 mg). This may be repeated once if symptoms do not subside [Medication 12](#).
7. If bronchospasm is not relieved by the administration of Epinephrine, administer **Albuterol via nebulizer [Medication 2](#)**;
 1. ≤ 10 kg, administer **1.25 mg** (1.5 ml) diluted with 2 mL Normal Saline.
 2. > 10 kg, administer **2.5 mg** (3 mL).

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.

BLS

1. Initial Assessment/Care [Protocol 1P.](#)
2. Administer supplemental oxygen as needed.

ALS

3. Administer **Diphenhydramine (Benadryl) 1 mg/kg** slow IVP or IM (max dose of 25 mg). This may be repeated once if symptoms do not subside [Medication 12.](#)
4. If respiratory distress and/or bronchospasm develop, treat the patient per [Section A](#), Anaphylaxis (Severe Reactions).

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. Suspect possible dystonic reaction in the patient exhibiting these signs who is taking any of the following medications:

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

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

BLS

1. Initial Assessment/Care [Protocol 1P.](#)
2. Administer supplemental oxygen as needed.

ALS

3. Administer **Diphenhydramine (Benadryl) 1 mg/kg** slow IVP or IM (max dose 25 mg). This may be repeated once if symptoms do not subside [Medication 12.](#)