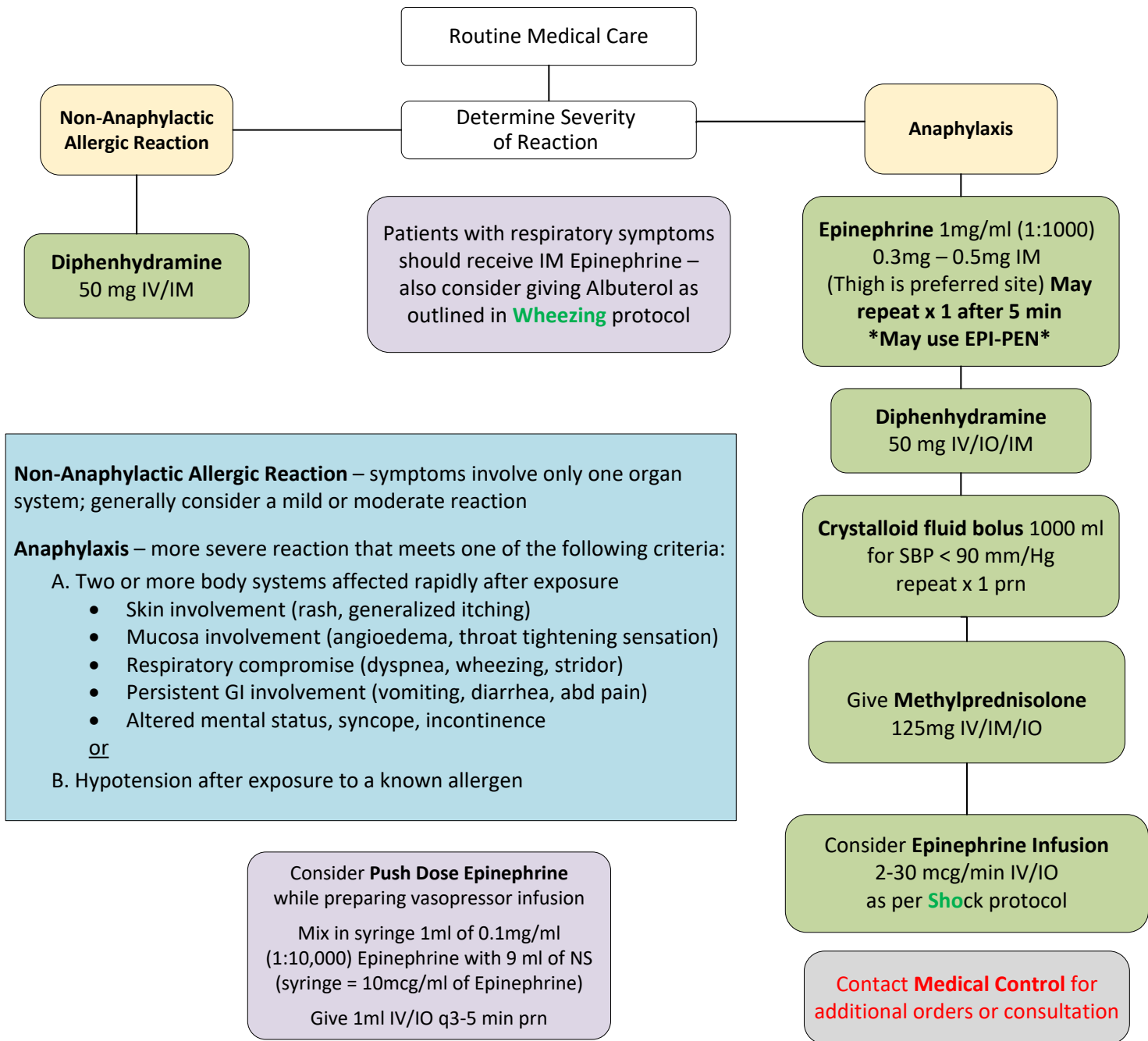


Anaphylaxis | Allergic Reaction

Distinguish between anaphylaxis and non-anaphylactic allergic reaction¹

Consider other specific protocols – e.g. **Airway Management**, **Respiratory Distress**, **Shock**



- **The first-line treatment of anaphylaxis is epinephrine.** Consider immediate IM Epinephrine prior to IV/IO access in critically ill patients. Administration to the thigh is the fastest IM site – use either the vastus lateralis or the rectus femoris muscle. If patient has their own epinephrine auto-injector, the provider may assist them in using it. Corticosteroids are adjunctive therapy after epinephrine.
- IM administration of epinephrine is recognized as generally safe. Adverse cardiovascular events are most common when Epi is given IV. Consider the risks & benefits of Epi use in patients >60 yo or persons with a cardiac history. Consult **Medical Control** for guidance.
- Patients who take β -blockers have an increased risk of developing a more severe reaction; these patients also may have a paradoxical response to Epinephrine. The use of inhaled Ipratropium (aka Atrovent) with Albuterol may help respiratory symptoms in these cases.
- A dystonic reaction (e.g. to phenothiazine) is NOT an allergic reaction; it is an adverse reaction. Patients may receive Diphenhydramine 50 mg IV/IM.

Chadwick