Anaphylaxis

Initial actions:

- Conduct scene size up, primary assessment, & immediate life-saving interventions.
- Promptly administer oxygen by NRB at 10-15 liters/minute or by NC at 6 liters/minute, if a NRB is not tolerated. If available, monitor SpO₂.
- Request Advanced Life Support (ALS) considering their availability & hospital proximity. Minimize on scene time.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to cardiopulmonary deterioration.

If available, consider epinephrine therapy for patients with suspected life-threatening anaphylaxis (allergic reaction with a compromised airway, breathing, or circulatory performance).

Prompt transport is important – DO NOT delay transport to administer this treatment.

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Epinephrine auto-injector</th>
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<tr>
<td>Form</td>
<td>Solution for intramuscular (IM) auto injector administration</td>
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</table>
| Source   | • Prescribed for, and supplied by, the patient  
|          | • Supplied by OEMS registered & approved EMT/agency under a Medical Director |
| Authorization | • Patient supplied & assisted – All EMT’s  
|             | • EMTs operating for a registered agency who successfully completed OEMS approved training while operating under the agency Medical Director’s approved protocol. |
| Age      | No restriction, but doses vary |
| Indications | Signs & symptoms of known or suspected anaphylaxis (credible allergic exposure with itching, urticaria, agitation, abdominal pain or distress etc.) with any of the following:  
|           | • Airway swelling or compromise  
|           | • Respiratory distress or arrest  
|           | • Shock |
| Contraindications | • No absolute contraindication when used in life threatening anaphylaxis  
|                | • Medication is discolored, cloudy, precipitated, or expired.  
|                | • Use cautiously (relative contraindication) in the setting of coronary disease or ischemia when jeopardy to airway, breathing, or circulation is unclear |
| Adverse Effects | • Anxiety  
|                | • Headache  
|                | • Nausea  
|                | • Hypertension  
|                | • Vomiting  
|                | • Nervousness  
|                | • Tremors  
|                | • Chest pain  
|                | • Cardiac arrhythmias |
| Administration | • Administer the auto-injector to the lateral thigh according to the manufacturer’s recommendations  
|               | • Assure the receiving hospital is notified  
|               | • Properly dispose of auto-injector in a sharps container |
| For EMTs/agencies equipped with their own epinephrine auto-injector: | • If immediately available, utilize the patient’s own epinephrine auto-injector prior to yours. You may utilize yours as a second dose if needed after at least 10 minutes.  
|               | • Administer 0.15 mg to children younger than 4 years old & 0.3 mg to all other patients |
| Documentation | • Note dose(s), time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff |
| When supplied by an EMT/agency, further notify: | • Medical Director according to agency policy or procedure  
|               | • OEMS verbally or by electronic message within 72 hours.  
|               | • Provide OEMS with a copy of the patient care report with final emergency department diagnosis & disposition within 45 days. |

EMTs may administer IM auto-injector epinephrine supplied by an agency to persons suspected of suffering from anaphylaxis ONLY upon completion of training & with the approval of their Medical Director.

REMEMBER: WHEN QUESTIONS OR CONCERNS ARISE, CONTACT MEDICAL CONTROL!

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