

## 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.

### General Care

#### EMR/BLS

1. Initial Assessment/Care [Protocol 1.](#)
2. Administer supplemental oxygen as needed.
3. Administer one injection from the Epi Pen in the lateral thigh or upper arm. The Epi Pen [Procedure 18](#) is to be used by EMR/BLS units only. ALS units will go to step # 4.

#### ALS

4. Administer **Epinephrine 1:1,000 (1 mg/mL) 0.3 mg** IM. This may be repeated once if there is no improvement after 5 minutes. [Medication 14.](#)
  1. If the patient is profoundly hypotensive (BP less than 80 mmHg Systolic or with no radial pulse), then administer **Epinephrine 1:10,000 (1 mg/10 mL) 0.1 mg (1 mL)** slow IVP. This may be repeated once in five minutes if there is no improvement.
5. Administer **Diphenhydramine (Benadryl) 25 mg** slow IVP or IM. This may be repeated once if symptoms do not subside [Medication 12.](#)
6. If bronchospasm is not relieved by the administration of Epinephrine, administer **Albuterol 2.5 mg via a nebulizer** [Medication 2.](#)

## 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.

### General Care

#### BLS

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



**ALS**

3. Administer **Diphenhydramine (Benadryl) 25 mg slow** IVP or IM. 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 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:

- 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.

*General Care*

**BLS**

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

**ALS**

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