

CASS COUNTY EMS PROTOCOL

ANAPHYLAXIS  
PROTOCOL

Approved Cass County Medical Control 6/17/2002

Number:

Date: 6/17/2002

Page: 1 of 2

Revised CCMCB 6/17/2002

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**PURPOSE:** To provide a process for the assessment and management of anaphylaxis. This protocol may be used in conjunction with other protocols.

BLS; LALS; ALS

1. Initial Patient Survey
  - A. Initiate ALS intercept.
  
2. Administer high flow oxygen
  - A. 15lpm via NRB
  
3. Secure airway as necessary, per Airway Protocol.
  - A. Oropharyngeal
  - B. Nasopharyngeal
  - C. Combitube
  
4. CPR as necessary
  
5. Vital signs monitored and recorded minimum every 15 minutes.
  
6. Contact MCA ED
  - A. Request order for Epinephrine 1:1,000 in the dosages listed:
    - a. 0.3 mg's for patients ages 11 to 70, or over 32 kg.  
(epi pen)
    - b. 0.15 mg's for patients ages 2 to 10, or under 32 kg.  
(epi pen junior)
  
  - B. Repeat order back to the MCA ED. Prior to administering Epinephrine.

**Special Note:** If communications with the MCA ED are disrupted, or impossible, Epinephrine may be administered without a direct order ONLY IF the patient's systolic blood pressure is below 90 mmg. OR IF the patient is experiencing severe respiratory distress. All ambulance services must contact Medical Control at the first available opportunity.

**Note:** See procedure "Epinephrine injection via Epi Pen." Epi-pen junior contains a single dose slightly higher than called for for a 20lb. Child. It is not possible to give a partial dose.

7. Pertinent Medical history
  - A. Known sensitivities and allergies.
  - B. Onset of symptoms
  - C. Possible source of toxin.
  - D. Medical Identification

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**E. Prophylactic medications in patient's possessions.**

**F. Past medical history, with specific attention to cardiac history.**

**8. Transport rapidly to closest medical facility.**

**9. If insect sting, remove stinger by scraping with rigid object, and apply cold pack to area. Do not "squeeze" the stinger to remove it.**

**10. Monitor Serial vitals, consider MAST for possible hypotension.**

**11. Presence of respiratory insufficiency is an indication for immediate transport and ventilatory assistance. (refer to dyspnea protocol)**

**12. Repeat patient survey, report to MCA, vitals signs every 5 minutes until stable.**

**13. If patient is hypotensive, apply MAST (refer hypotension protocol)**

**LALS, ALS**

**1. All previous protocols**

**2. Contact MCA**

**3. Intubate and hyperventilate if indicated.**

**4. Initiate IV of NS or LR at wide open rate if patient is hypotensive**

**ALS**

**1. All previous protocols**

**2. Cardiac Monitor.**

**3. After contact with MCA, orders may include**

**A. Epinephrine 0.3 mg of 1:1,000 solution subcutaneous**

**B. Endotracheal intubation**

**C. IV, NS or LR with large bore catheter and infuse at a to keep open rate.**