

New Jersey Department of Health  
Office of Emergency Medical Services  
EMT Treatment Protocols

**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 SpO<sub>2</sub>.
- 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.**

Therapy	Epinephrine auto-injector
<b>Form</b>	Solution for intramuscular (IM) auto injector administration
<b>Source</b>	<ul style="list-style-type: none"> <li>• Prescribed for, and supplied by, the patient</li> <li>• Supplied by OEMS registered &amp; approved EMT/agency under a Medical Director</li> </ul>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Patient supplied &amp; assisted – All EMTs</li> <li>• EMTs operating for a registered agency who successfully completed OEMS approved training while operating under the agency Medical Director's approved protocol.</li> </ul>
<b>Age</b>	No restriction, but doses vary
<b>Indications</b>	Signs & symptoms of known or suspected anaphylaxis (credible allergic exposure with itching, urticaria, agitation, abdominal pain or distress etc.) with any of the following: <ul style="list-style-type: none"> <li>• Airway swelling or compromise</li> <li>• Respiratory distress or arrest</li> <li>• Shock</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• No absolute contraindication when used in life threatening anaphylaxis</li> <li>• Medication is discolored, cloudy, precipitated, or expired.</li> <li>• Use cautiously (relative contraindication) in the setting of coronary disease or ischemia when jeopardy to airway, breathing, or circulation is unclear</li> </ul>
<b>Adverse Effects</b>	<ul style="list-style-type: none"> <li>• Anxiety      • Headache      • Nausea      • Hypertension      • Vomiting</li> <li>• Nervousness   • Tremors      • Chest pain      • Cardiac arrhythmias</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Administer the auto-injector to the lateral thigh according to the manufacturer's recommendations</li> <li>• Assure the receiving hospital is notified</li> <li>• Properly dispose of auto-injector in a sharps container</li> </ul> <p>For EMTs/agencies equipped with their own epinephrine auto-injector:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Administer 0.15 mg to children younger than 4 years old &amp; 0.3 mg to all other patients</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Note dose(s), time(s) of administration &amp; patient response &amp; communicate this during transfer of care to ALS and/or receiving facility staff</li> </ul> <p>When supplied by an EMT/agency, further notify:</p> <ul style="list-style-type: none"> <li>• Medical Director according to agency policy or procedure</li> <li>• OEMS verbally or by electronic message within 72 hours.</li> <li>• Provide OEMS with a copy of the patient care report with final emergency department diagnosis &amp; disposition within 45 days.</li> </ul>

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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