

# Allergic Reaction

# Oshkosh Fire Dept

## 1) Routine Medical Assessment

**NOTE:** *If the patient presents with rapid onset of symptoms, has a systolic blood pressure less than 90, or has airway compromise such as stridor or inability to speak due to edema, the patient is in Anaphylactic Shock. Refer to the Anaphylactic Shock Protocol.*

## 2) Remove offending agent.

3) Administer oxygen at 2L by nasal cannula. Titrate to maintain oxygen saturation of at least 94%.

## 4) Apply the cardiac monitor.

## 5) Establish IV of normal saline.

6) If the patient presents with bronchospasm and wheezing, administer unit dose/ 2.5 mg Albuterol.

7) Administer 25 mg diphenhydramine IVP or 50 mg deep IM. *Use cautiously in patients with asthma.*

- Pediatric dose 1 mg/kg IV/IO or 2 mg/kg IM not exceed adult dose

8) If patient does not respond to albuterol and diphenhydramine, *and the patient does not have a cardiac history (MI, angina, CHF, hypertension)* administer 0.01mg/kg 1:1000 up to a maximum dose of 0.3 mg epinephrine subcutaneously.