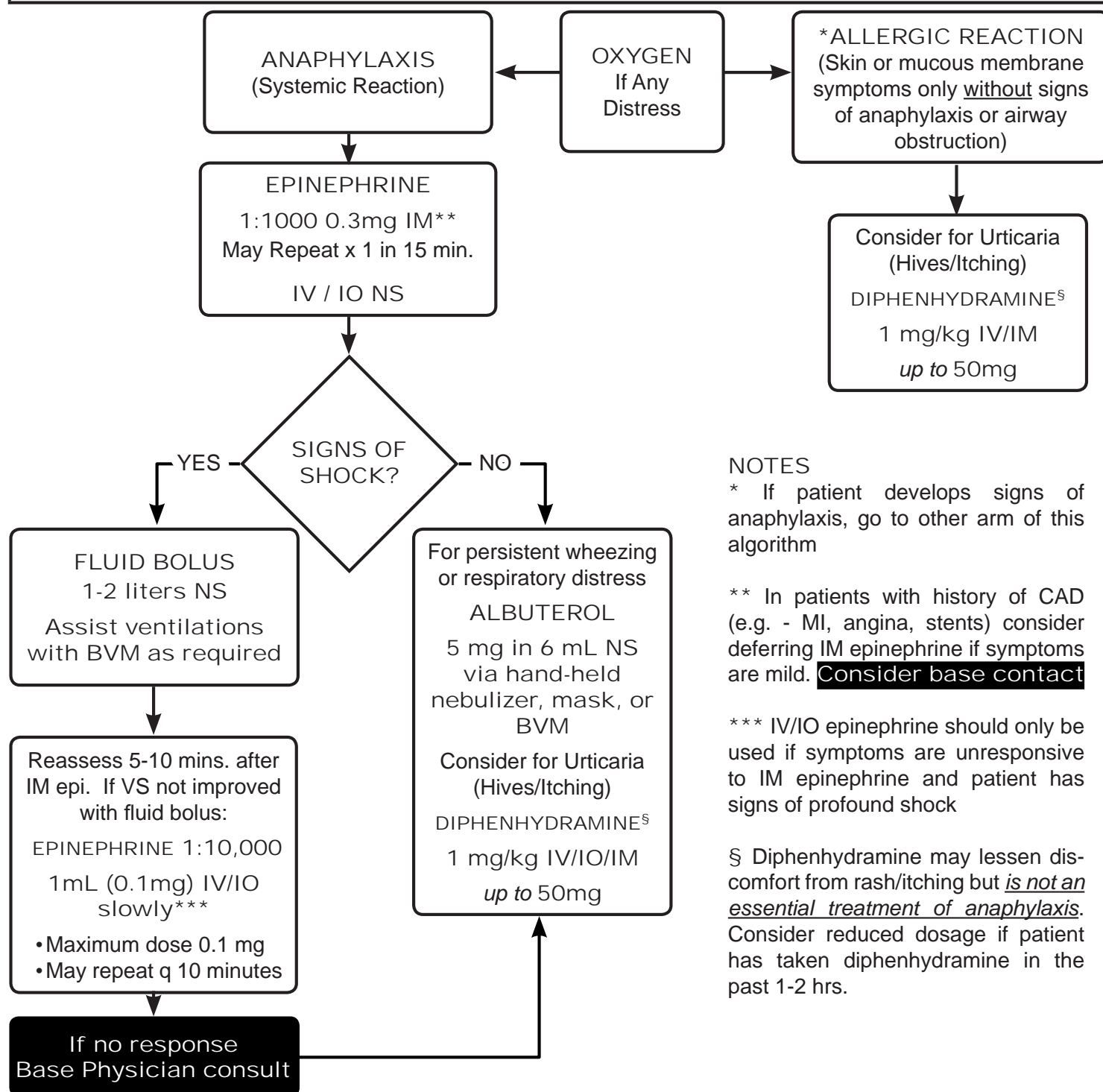


## ANAPHYLAXIS / ALLERGIC REACTION

- Epinephrine IM is the cornerstone of treatment of anaphylaxis and should be given as early as possible. It is best absorbed from an injection in the lateral thigh
- If the patient is in severe distress, administer Epinephrine IM and consider immediate transport
- SIGNS OF ANAPHYLAXIS (Systemic Reaction) – wheezing, repetitive cough, tightness in chest, stridor, difficulty swallowing or tightness in throat, change in voice, dizziness or feeling faint, abdominal complaints (pain, repeated vomiting, diarrhea or incontinence), anxiety, lethargy
- SIGNS OF ANAPHYLACTIC SHOCK – pallor, hypotension, cool, clammy mottled skin, altered sensorium
- HIVES/ITCHING or FLUSHED SKIN often accompanies anaphylaxis, but is not always present



## NOTES

\* If patient develops signs of anaphylaxis, go to other arm of this algorithm

\*\* In patients with history of CAD (e.g. - MI, angina, stents) consider deferring IM epinephrine if symptoms are mild. **Consider base contact**

\*\*\* IV/IO epinephrine should only be used if symptoms are unresponsive to IM epinephrine and patient has signs of profound shock

§ Diphenhydramine may lessen discomfort from rash/itching but is not an essential treatment of anaphylaxis. Consider reduced dosage if patient has taken diphenhydramine in the past 1-2 hrs.