

ALLERGIC REACTIONS AND ANAPHYLAXIS

MILD: Red and itchy skin; hives; if sting present, localized swelling at sting site; and vital signs within normal limits.

1. Administer **O₂**.
2. If present, scrape stinger out. Stabilize involved extremity and apply ice.
3. Apply venous **tourniquet** on involved extremity above injection or sting site, if present.
4. Apply cardiac monitor and establish IV/IO.
5. Administer 25-50 mg of **diphenhydramine (Benadryl®)**, IV/IO.*

MODERATE : Red and itchy skin; hives; swelling of face, lips, tongue, or pharynx; mild to moderate SOB; stridor/wheezing; BP > 70

1. Follow steps 1-4 for mild anaphylaxis
2. Administer **epinephrine** at 1:1 000, 0.01 mg/kg IM,[†] up to a maximum dose of 0.3 mg. Repeat q 5 minutes, as needed.
3. Administer 25-50mg of Benadryl®, IV/IO.*

SEVERE (ANAPHYLAXIS): Red and itchy skin; hives; severe swelling of face, lips, tongue, or pharynx; possible sever SOB; stridor/wheezing; BP < 70

1. Administer high flow O₂. Consider ET intubation.
2. Scrape stinger out, if present. Stabilize involved extremity and apply ice.
3. Apply venous tourniquet above injection or sting site, if on an extremity.
4. Apply cardiac monitor.
5. Administer IV of NS, and infuse rapidly if BP < 90.
6. Slowly administer epinephrine at 1:10 000, 0.01 mg/kg IV/IO^{†‡}, up to a maximum dose of 0.3 mg. Repeat q 5 minutes, as needed.

7. Administer 50 mg of Benadryl®, IV/IO.*
8. If unable to establish IV, administer epinephrine at 1:1 000, 0.01 mg/kg IM/IO up to 0.3 mg. Repeat q 5 minutes, as needed.
9. If severe SOB and wheezing, consider administering **albuterol (Ventolin®)** treatment with small volume nebulizer.

*May administer Benadryl IM, if unable to establish an IV.

†Usual adult dose is 0.3 mg.

#This drug may be administered via the endotracheal tube if IV access cannot be established. ET dose is double the IV dose.