County of San Luis Obispo Public Health Department

Division: Emergency Medical Services Agency

Effective Date: 01/17/2025

ALLERGIC REACTION	ON/ANAPHYLAXIS
 One or more of the following should increase suspicion for anaphylaxis: Respiratory symptoms (throat tightness, hoarse voice, wheezing/stridor, cough, SOB) Cardiovascular symptoms: fainting, dizziness, tachycardia, hypotension GI symptoms: nausea, vomiting, abdominal cramping Angioedema of eyelids, lips, tongue, face 	
ADULT	PEDIATRIC (≤34 KG)
BLS	
 Universal Protocol #601 Pulse Oximetry O₂ administration per Airway Management Protocol #602 May assist with the administration of patient's prescribed medication (i.e. Epi Auto- injector, inhaler, etc.) 	Same as Adult
BLS Elective Skill (Approved Providers Only)	
 Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms) Adult 0.3 mg Epinephrine Auto-Injector administered in anterolateral thigh May repeat, if indicated, every 5 min, max 3 doses 	Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms) Pediatric (≥15 kg) 0.15 mg Epinephrine Auto- Injector administered in anterolateral thigh ○ May repeat, if indicated, every 5 min, max 3 doses
BLS Optional Scope Skill (Approved Providers Only)	
Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms) Adult Epinephrine 1:1000 0.3 mg IM • May repeat, if indicated, every 5 min, max 3 doses	 Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms) Pediatric (≥15 kg), Epinephrine 1:1000 0.15 mg IM anterolateral thigh May repeat, if indicated, every 5 min, max 3 doses
ALS Standing Orders	
 Skin signs only (e.g. Itching/rash/hives/flushing) Diphenhydramine 50 mg IV/IM 	 Skin signs only (e.g. Itching/rash/hives/flushing) Diphenhydramine 2 mg/kg IV/IM – not to
	exceed 50 mg

Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)	Suspected anaphylaxis (e.g. respiratory, cardiovascular, GI, and/or angioedema symptoms)
 Epinephrine 1:1,000 0.01 mg/kg IM – not to exceed 0.5 mg may repeat every 5 min, max 3 doses Diphenhydramine 50 mg IV/IM If respiratory involvement add: Albuterol 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min repeat as needed 	 Epinephrine 1:1,000 0.01 mg/kg IM – not to exceed 0.3 mg may repeat every 5 min, max 3 doses Diphenhydramine 2 mg/kg IV/IM – not to exceed 50 mg If respiratory involvement add: Albuterol 2.5-5 mg via HHN/Mask/CPAP/BVM with adjunct, over 5-10 min repeat as needed
Base Hospital Orders Only	
 Unresponsive to previous therapy Epinephrine 1:10,000 0.01 mg/kg slow IV titrated – not to exceed 0.5 mg As needed 	 Unresponsive to previous therapy Epinephrine 1:10,000 0.01 mg/kg slow IV titrated – not to exceed 0.3 mg As needed
Notes	
 If unsure between allergic reaction and anaphylaxis, treat as suspected anaphylaxis and give Epinephrine early Auto-injector injection site should be exposed and cleansed with aseptic technique prior to injection. 	

• Follow manufacturer's instructions when using Epinephrine auto-injector.