# Anaphylaxis/Allergic Reaction

### Pre-Medical Control MFR\*/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. In cases of severe allergic reaction, wheezing or hypotension, administer epinephrine via auto- injector.\***MCA Approval for MFR epinephrine auto-injector (Agency Option).**

**MCA Approval of Epinephrine Auto-injector for Select MFR Agencies (Provide List to BETP)**

☐XYES

□ NO

### EMT/SPECIALIST/PARAMEDIC

1. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.
2. Administer a Normal Saline IV/IO fluid bolus up to 1 liter, wide open as indicated.

**PARAMEDIC**

1. If patient is symptomatic, administer diphenhydramine 50 mg IM or IV/IO.
2. In cases of severe allergic reaction, wheezing or hypotension:
	1. Administer epinephrine (1mg / 1mL), 0.3 mg (0.3 ml) IM.
3. Per MCA selection, administer bronchodilator per **Nebulized Bronchodilators Procedure**.
4. Per MCA Selection, administer Prednisone **OR** methylprednisolone.

**Medication Options:**

**Prednisone 50 mg tablet PO**

□ YES

☐XNO

**Methylprednisolone 125 mg IV**

X☐ YES

☐NO

**Post-Medical Control: EMT/SPECIALIST**

1. Additional epinephrine via auto-injector.

**PARAMEDIC**

1. Additional epinephrine (1mg / 1 mL), 0.3 mg (0.3 ml) IM.

\*MCA approval required for MFR auto-injector use.

MCA Name: Delta County

MCA Board Approval Date: 13 April 2017

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MCA Implementation Date: 1 June 2017



**Follow General Pre-hospital Care Protocol**

**MFR\*/EMT/SPECIALIST/PARAMEDIC**

* Determine substance or source of exposure, remove patient from source if known and able.

X In cases of severe allergic reaction, wheezing or hypotension, administer epinephrine via auto-injector. **MCA Approval for MFR epinephrine auto-injector (Agency Option).**



**SPECIALIST/PARAMEDIC**

* Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.
* Administer a Normal Saline IV/IO fluid bolus up to 1 liter, wide open as indicated.

**PARAMEDIC**

* If patient is symptomatic, administer diphenhydramine 50 mg IM or IV/IO.
* In cases of severe allergic reaction, wheezing or hypotension:
	1. Administer epinephrine (1mg / 1 mL), 0.3 mg (0.3 ml) IM.
* Per MCA selection, administer bronchodilator per **Nebulized Bronchodilators Procedure**.
* Per MCA Selection, administer Prednisone **OR** methylprednisolone.



**Contact Medical Control**

**EMT/SPECIALIST**

* Additional epinephrine via auto-injector.



**PARAMEDIC**

* Additional epinephrine (1mg /1mL), 0.3 mg (0.3 ml) IM.

**MCA Approval of Epinephrine Auto-injector for Select MFR Agencies (Provide List to BETP)**

☐XYES

□ NO

**Medication Options:**

**Prednisone 50 mg tablet PO**

□ YES

☐XNO

**Methylprednisolone 125 mg IV**

☐XYES

□ NO

MCA Name: Delta County

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