



# CCT-RN/Paramedic Treatment Guideline 1501/2501

Allergic Reaction/Anaphylaxis

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Perform **MAMP Protocol 1201/2201**, then follow **Allergic Reaction/Anaphylaxis Protocol 4501**, as applicable, with the following modifications:

A. Mild Reaction with itching or hives. No respiratory distress or hypotension.

1. Diphenhydramine (*Benadryl*):

- a. Adults: 50 mg IM or slow IV push
- b. Pediatrics: 1 mg/kg IM or slow IV push (max. dose 25 mg)

2. Contact Medical Command enroute with patient report and ETA.



B. Moderate Reaction. Moderate respiratory distress (wheezing), but no hypotension.

1. Immediately administer epinephrine 1:1000.

- a. Adults: 0.3 mg SQ [Note: 0.3 mg = 0.3 ml]
- b. Pediatrics: 0.01 mg/kg SQ (max. dose 0.3 mg)

2. Administer diphenhydramine (*Benadryl*) as in Step A.1. above.

3. Establish and maintain IV KVO. Closely monitor lung sounds and pulse oximeter for effectiveness of treatment.

4. Albuterol nebulized if wheezing.

- a. Adults: 5 mg via nebulizer
- b. Pediatrics: 2.5 mg via nebulizer

**OR**

Racemic epinephrine 0.5 ml via nebulizer for stridor.

5. Methylprednisolone (*Solu-Medrol*):

- a. Adults: 125 mg IV push
- b. Pediatrics: 2 mg/kg IV push



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6. Consider histamine blockade with:
  - a. famotidine (*Pepcid*):  
Adult dose: 20 mg IV  
Pediatric dose: 0.5 mg/kg IV OR
  - b. cimetidine (*Tagamet*):  
Adult dose: 300 mg IV  
Pediatric dose: 5 mg/kg IV OR
  - c. ranitidine (*Zantac*):  
Adult dose: 50 mg IV  
Pediatric dose: 1 mg/kg IV
  
7. Expedite transport and reassess for improvement or worsening of reaction.

8. **Contact Medical Command** enroute with patient report and ETA.



C. Severe Reaction. Respiratory distress and signs of shock.

1. Perform all the above steps as listed under Moderate Reaction Part B. above, **plus:**
  
2. Treat the anaphylactic shock with IV epinephrine and IV fluid boluses per **Shock Guideline 1108/2108 – Part D (Anaphylactic Shock)**, if needed.
  
3. Consider glucagon if patient is on a beta blocker and epinephrine proves ineffective.  
Adults dose: 1 mg IV push or IM  
Pediatric dose: 0.1 mg/kg IV or IM (max. dose 1 mg)

4. **Contact Medical Command** enroute with patient report and ETA.

