***MFR & Basic EMT-Epinephrine Study***

***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. Assist patient administration of their epinephrine auto-injector, if available.

**MFR/EMT/SPECIALIST**

1. In cases of severe allergic reaction, wheezing or hypotension, administer Epinephrine 1:1000 - 1 mg/mL 0.3 mg (0.3 ml) IM OR via adult epinephrine auto-injector.

**EMT/SPECIALIST**

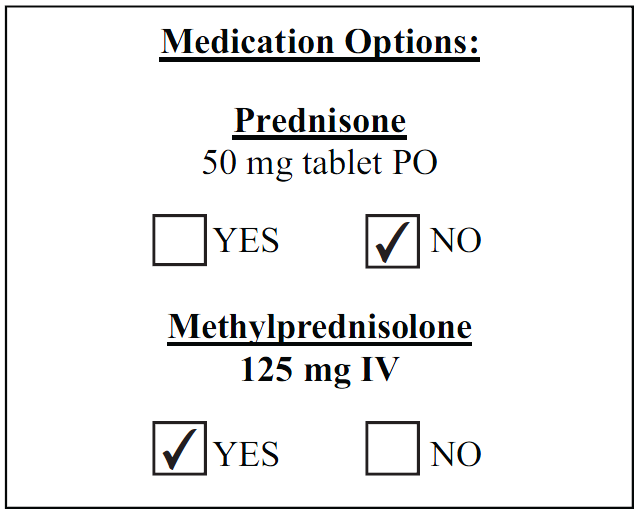
1. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.

**SPECIALIST**

1. Administer a NS IV/IO fluid bolus up to 1 liter, wide open as indicated.

**PARAMEDIC**

1. In cases of severe allergic reaction, wheezing or hypotension, administer Epinephrine 1:1000 - 1 mg/mL, 0.3 mg (0.3 ml) IM OR via auto-injector
2. In cases of profound anaphylactic shock (near cardiac arrest), administer Epinephrine 1:1000 - 0.1 mg/mL, 0.3 mg (3 ml) slow IV/IO.
3. Administer a NS IV/IO fluid bolus up to 1 liter, wide open as indicated.
4. If patient is symptomatic, administer diphenhydramine 50 mg IM or IV/IO.
5. Per MCA selection, administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
6. Per MCA selection, administer Prednisone **OR** Methylprednisolone.



**Post-Medical Control:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Additional Epinephrine IM:
   1. Administer additional Epinephrine 1:1000 - 1 mg/mL, 0.3 mg (0.3 ml) IM OR via adult Epinephrine auto-injector.

**PARAMEDIC**

1. Additional Epinephrine IV/IO:
   1. Epinephrine 1:10,000 - 0.1 mg/mL 0.3 mg (3 ml) slow IV/IO if critically ill (near cardiac arrest).