



Michigan
ADULT TREATMENT PROTOCOLS
ANAPHYLAXIS/ALLERGIC REACTION

Initial Date: 5/31/2012
Revised Date: 11/15/16

Section 1-4

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).**

<u>MCA Approval of Epinephrine Auto-injector for Select MFR Agencies</u>	
(Provide List to BETP)	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

EMT/SPECIALIST/PARAMEDIC

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

PARAMEDIC

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

<u>Medication Options:</u>	
Prednisone 50 mg tablet PO	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Methylprednisolone 125 mg IV	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Post-Medical Control:

EMT/SPECIALIST

1. Additional epinephrine via auto-injector.

PARAMEDIC

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

*MCA approval required for MFR auto-injector use.