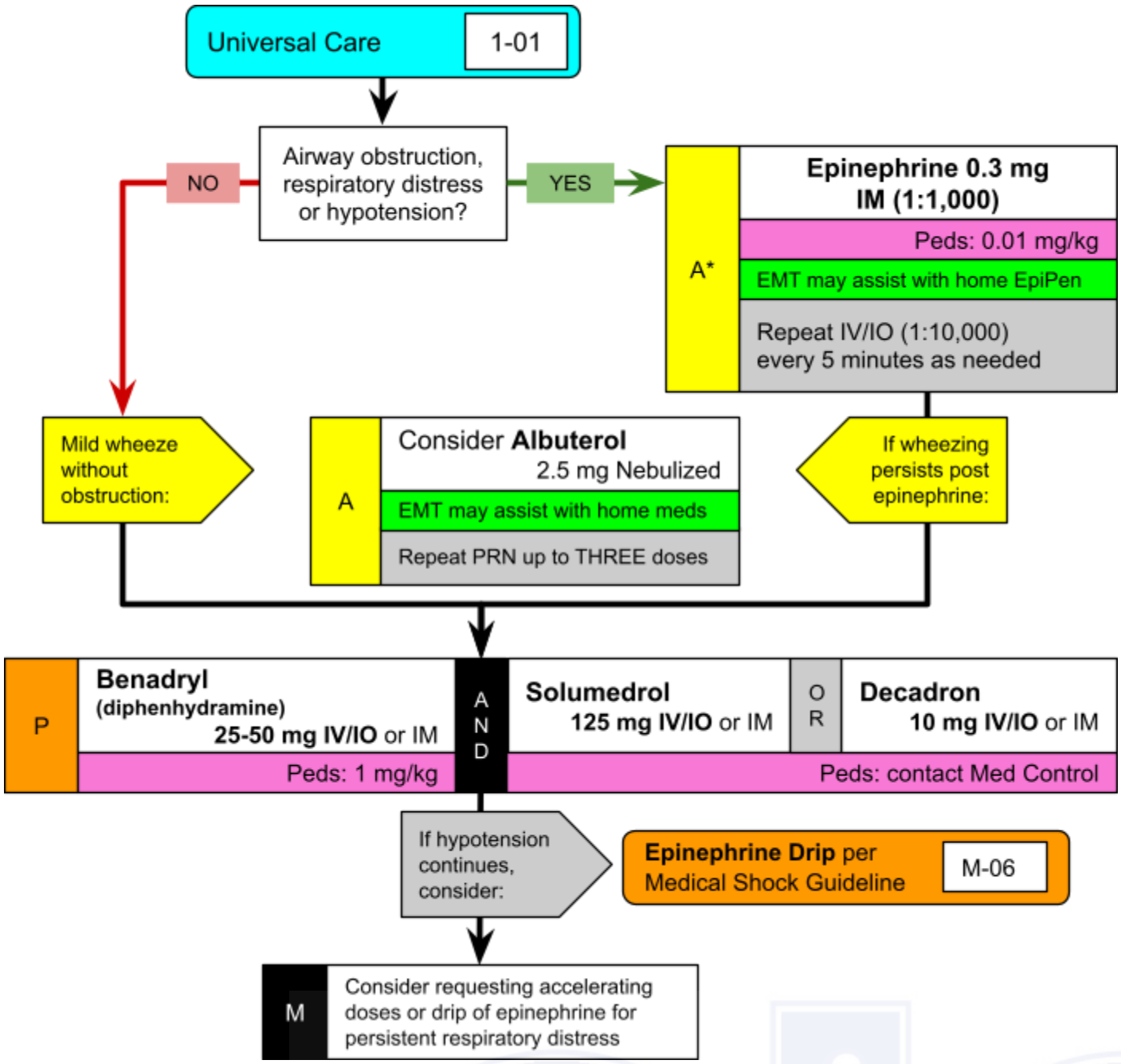
M-02 ALLERGIC REACTION/ ANAPHYLAXIS	EMT may draw up and administer 1:1,000 Epinephrine after Inservice Training	First Responder EMT AEMT Paramedic



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KEY POINTS:

- **Anaphylaxis**:
  - Severe allergic reaction that is rapid in onset and potentially life threatening.
  - Multisystem signs and symptoms are generally present including skin rash (hives/urticaria) and angioedema (face, throat, extremities, etc.), with or without signs of vasodilation/shock.
- **Angioedema**:
  - Deep mucosal edema causing swelling of mucous membranes of upper airway or face.
  - May occur in the absence of anaphylactic or allergic reaction.
  - Isolated angioedema (i.e. lips or tongue) is likely due to a drug-related reaction--most commonly ACE inhibitors (e.g. lisinopril).

- Acute treatment is with antihistamines (Benadryl) and fluid resuscitation.
- **Epinephrine should always be given if there are any signs of airway obstruction (intraoral edema, stridor, wheezing, etc.), or signs of hemodynamic compromise (hypotension, decreased cap refill, etc.).**
- If there is any concern over anaphylaxis, **the first dose of epinephrine should be given intramuscular (IM)** so as to not delay time to Epi administration.
- The mainstay of treatment is steroids, but these will take several hours to kick in, even if given IV.
- The shorter the onset from exposure to symptoms, the more severe the reaction.

QI Review Parameters:

1. Trigger for (exposure) and timing of (onset/duration) reaction documented?
2. Patient meets criteria for Anaphylaxis? *(Rash/angioedema PLUS signs/symptoms of airway obstruction, respiratory distress or hypotension?)*
3. Epinephrine indicated & given?
4. Time to epinephrine administration? *(From patient contact)*
5. Benadryl (diphenhydramine) given?
6. Steroid (Solumedrol or Decadron) given?