

*Michigan*  
**Adult Treatment Protocols**  
ANAPHYLAXIS/ALLERGIC REACTION

Date: May 31, 2012

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***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 the patient in administration of their own epinephrine auto-injector, if available.

**EMT/SPECIALIST**

4. In cases of severe allergic reaction, wheezing or hypotension, administer epinephrine via auto-injector.
5. Albuterol may be indicated. Refer to **Nebulized Bronchodilators Procedure**.

**SPECIALIST/PARAMEDIC**

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

**PARAMEDIC**

7. If patient is symptomatic, administer diphenhydramine 50 mg IM or IV/IO.
8. In cases of severe allergic reaction, wheezing or hypotension:
  - A. Administer Epinephrine 1:1000, 0.3 mg (0.3 ml) IM OR via auto-injector.
9. In cases of profound anaphylactic shock (near cardiac arrest):
  - A. Administer Epinephrine 1:10,000, 0.3 mg (3 ml) slow IV/IO.
10. Per MCA selection, administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
11. Per MCA Selection, administer Prednisone **OR** Methylprednisolone.

**Medication Options:**

**Prednisone**

50 mg tablet PO

YES       NO

**Methylprednisolone**

125 mg IV

YES       NO

**Post-Medical Control:**

**EMT/SPECIALIST**

1. Additional Epinephrine via auto-injector.

**PARAMEDIC**

2. Additional Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM; or Epinephrine 1:10,000 0.3 mg (3ml) slow IV/IO if critically ill (near cardiac arrest).

MCA Name  
MCA Board Approval Date  
MDCH Approval Date  
MCA Implementation Date



**Section 1-4**

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