ALS STANDING ORDERS:

Categorize reaction into one of three categories as described below:

Allergic Reaction-mild (rash, urticaria and vital signs stable):

→ Pulse oximetry, if oxygen saturation less than 95%:

▶ *High-flow oxygen by mask as tolerated.*

→ Transport to nearest PRC.

Allergic Reaction-moderate (facial/cervical angioedema or wheezing):

→Pulse oximetry; if oxygen saturation less than 95%:

▶ *High-flow oxygen by mask as tolerated.*

→ For facial/cervical angioedema:

▶ *Diphenhydramine (Benadryl®) 25 mg IM or IV; may repeat 25 mg IM or IV in approximately 3 minutes if symptoms persist.*

▶ *Epinephrine 0.3 mg SQ (1:1,000 concentration) – hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.*

→ If wheezing present:

▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest appropriate PRC.

Anaphylaxis: (hypotension, severe wheezing, respiratory distress, impending airway obstruction):

▶ *Epinephrine (1:10,000) 0.3 mg slow IV / IO* (IV preferred) OR *Epinephrine (1:1,000) 0.3 mg IM*

▶ *Diphenhydramine (Benadryl®) 25 mg IM or IV; may repeat 25 mg IM or IV in approximately 3 minutes if symptoms persist.*

▶ *Normal Saline, infuse 250 mL IV or IO, repeat up to maximum 1 liter to maintain adequate perfusion*

→ Pulse oximetry; if oxygen saturation less than 95%:

▶ *High-flow oxygen by mask as tolerated.*

→ If wheezing present:

▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest appropriate PRC; Base Hospital Contact if no response to therapy or condition worsens.

GUIDELINES:

- If cardiac arrest occurs, treat using cardiac arrest standing orders (SO-C-10).
- If bee sting, check to assure stinger has been scraped from skin.

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