

New Jersey Department of Health
Office of Emergency Medical Services
EMT Treatment Protocols

Anaphylaxis

Initial actions:

- Conduct scene size up, primary assessment, & immediate life-saving interventions.
- Promptly administer oxygen by NRB at 10-15 liters/minute or by NC at 6 liters/minute, if a NRB is not tolerated. If available, monitor SpO₂.
- Request Advanced Life Support (ALS) considering their availability & hospital proximity. Minimize on scene time.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to cardiopulmonary deterioration.

If available, consider epinephrine therapy for patients with suspected life-threatening anaphylaxis (allergic reaction with a compromised airway, breathing, or circulatory performance).

Prompt transport is important – DO NOT delay transport to administer this treatment.

Therapy	Epinephrine auto-injector
Form	Solution for intramuscular (IM) auto injector administration
Source	<ul style="list-style-type: none"> • Prescribed for, and supplied by, the patient • Supplied by OEMS registered & approved EMT/agency under a Medical Director
Authorization	<ul style="list-style-type: none"> • Patient supplied & assisted – All EMTs • EMTs operating for a registered agency who successfully completed OEMS approved training while operating under the agency Medical Director's approved protocol.
Age	No restriction, but doses vary
Indications	<p>Signs & symptoms of known or suspected anaphylaxis (credible allergic exposure with itching, urticaria, agitation, abdominal pain or distress etc.) with any of the following:</p> <ul style="list-style-type: none"> • Airway swelling or compromise • Respiratory distress or arrest • Shock
Contraindications	<ul style="list-style-type: none"> • No absolute contraindication when used in life threatening anaphylaxis • Medication is discolored, cloudy, precipitated, or expired. • Use cautiously (relative contraindication) in the setting of coronary disease or ischemia when jeopardy to airway, breathing, or circulation is unclear
Adverse Effects	<ul style="list-style-type: none"> • Anxiety • Headache • Nausea • Hypertension • Vomiting • Nervousness • Tremors • Chest pain • Cardiac arrhythmias
Administration	<ul style="list-style-type: none"> • Administer the auto-injector to the lateral thigh according to the manufacturer's recommendations • Assure the receiving hospital is notified • Properly dispose of auto-injector in a sharps container <p>For EMTs/agencies equipped with their own epinephrine auto-injector:</p> <ul style="list-style-type: none"> • If immediately available, utilize the patient's own epinephrine auto-injector prior to yours. You may utilize yours as a second dose if needed after at least 10 minutes. • Administer 0.15 mg to children younger than 4 years old & 0.3 mg to all other patients
Documentation	<ul style="list-style-type: none"> • Note dose(s), time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff <p>When supplied by an EMT/agency, further notify:</p> <ul style="list-style-type: none"> • Medical Director according to agency policy or procedure • OEMS verbally or by electronic message within 72 hours. • Provide OEMS with a copy of the patient care report with final emergency department diagnosis & disposition within 45 days.

EMTs may administer IM auto-injector epinephrine supplied by an agency to persons suspected of suffering from anaphylaxis **ONLY** upon completion of training & with the approval of their Medical Director.

REMEMBER: WHEN QUESTIONS OR CONCERNS ARISE, CONTACT MEDICAL CONTROL!

February 2015