

POLICY: 554.43
TITLE: Allergic Reaction

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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ALLERGIC REACTION

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
REMOVE ALLERGEN: (i.e., bee stinger) & apply ice to site if indicated.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	
ADVANCED ALS AIRWAY: if patient's GCS is less than 8 and not rapidly improving, consider ETI.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of hypoperfusion or respiratory distress.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
MILD or MODERATE REACTION (Rash, Swelling, Wheezing)					
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
APPROVED BETA-2 AGONIST: choose ONE of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). If patient intubated, administer inhaled medication through aerosol holding chamber. Repeat as indicated.				X	
<ul style="list-style-type: none"> ALBUTEROL: 2-10 inhalations via metered dose inhaler or 2.5 mg via 					

nebulizer. If patient intubated, administer dose through aerosol holding chamber. • LEVALBUTEROL: 1.25 mg via nebulizer.					
DIPHENHYDRAMINE: 25-50 mg IV/IO push or IM if IV/IO access not promptly available.				X	
*EPINEPHRINE: 0.3 mg of 1:1000 (1 mg/mL) IM via auto injector.		X	X	X	
*EPINEPHRINE: 0.3 mg IM of 1:1000 (1 mg/mL). May repeat once in 3-5 minutes.			X	X	
SEVERE REACTION (Hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness)	F	E	O	P	D
VASCULAR ACCESS: IV/IO, 2 large bore. Administer 250 mL fluid boluses as indicated. Reassess after each bolus.				X	
DIPHENHYDRAMINE: 25-50 mg. IV/IO slow push or IM if IV/IO access not promptly available.				X	
PUSH DOSE EPINEPHRINE: for hypotension – titrate to SBP ≥ 90 • Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL) • Label syringe “epinephrine 10 mcg/mL” • 0.5 – 1 mL (5-10 mcg) IVP every 1 – 5 minutes If SBP does not stabilize ≥ 90 after two doses, consider epinephrine drip. Refer to 554.88 ADULT MEDICATION CHARTS.				X	
NEEDLE CRICOTHYROTOMY: For airway obstruction and inability to ventilate by other means (BVM, SGA, ETT) use Quicktrach device. Ventilate with high flow oxygen				X	

*** Use caution in the presence of coronary artery disease or history of hypertension.**

NOTE: The order in which medications are administered is discretionary.