NYC REMAC

Advisory No.	2010-08
Title:	**ANAPHYLACTIC REACTION (ALS 510)** **Elimination of Epinephrine Drip**
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Supersedes:	n/a — Page: 1 of 2

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

ALS Protocol 510: Anaphylactic Reaction has been updated. The standing order (item 8a) directing the administration of an epinephrine drip has been removed.

The protocol showing the correction is attached.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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Chair, Regional Emergency Medical Advisory Committee of New York City

510

ANAPHYLACTIC REACTION

1) Begin Basic Life Support Anaphylactic Reaction procedures.
2) If the patient is exhibiting obvious airway compromise, perform Endotracheal Intubation*.
3) Administer Epinephrine 0.3 mg (0.3 ml of a 1:1,000 solution), IM.
4) If the patient has signs of bronchospasm, administer Albuterol Sulfate 0.083% (one unit dose bottle of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 – 15 minutes.
5) Monitor vital signs every 5 minutes.
6) Begin Cardiac Monitoring, record and evaluate EKG rhythm.
7) Begin an IV infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) via a large bore (14 - 16 gauge) catheter to keep vein open, or a Saline Lock.
8) If the patient has signs of decompensated shock:
   a) ~~**Administer Epinephrine 0.1 mg (1 ml of a 1:10,000 solution), diluted in 50 ml Normal Saline (0.9% NS), IV/Saline Lock-drip, over 5 minutes, and**~~
   b) Begin rapid IV/Saline Lock infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL), up to 3 liters via macro-drip.
9) If the patient has no signs of shock, administer Diphenhydramine 50 mg, IV/Saline Lock bolus, or IM, if IV/Saline Lock access has not been established.
10) Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat any of the above Standing Orders.

OPTION C: Administer Dopamine 5 ug/kg/min, IV/Saline Lock drip. If there is insufficient improvement in hemodynamic status, the infusion rate may be increased until desired therapeutic effects are achieved or adverse effects appear. (Maximum dosage is 20 ug/kg/min, IV/Saline Lock drip.)

OPTION D: Administer Methylprednisolone 125 mg, IV/Saline Lock bolus, slowly, over 2 minutes.

OR

Administer Dexamethasone 12 mg, IV/Saline Lock bolus, slowly over 2 minutes.

OPTION E: Transportation Decision.

* *If the patient is alert prior to performing Endotracheal Intubation, refer to Prehospital Sedation in General Operating Procedures. Prior Permission from Medical Control Is Required.*