

PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

EPINEPHRINE AUTO-INJECTOR SEVERE ALLERGIC REACTION

Reasonable certainty of On-Line Medical Direction required for use.

INDICATIONS:

- Patient exhibits signs of a severe allergic reaction which may include respiratory distress, irregular heart rate, rapid heart rate, hives, edema of face, mouth, neck and/or tongue, hypoperfusion (shock) and/or loss of consciousness

AND

- Medication is present: either prescribed for this patient by a physician and with the patient, or with the responding EMS personnel

POTENTIAL ADVERSE EFFECTS:

- Increased heart rate
- Pale skin
- Dizziness
- Headache
- Heart palpitations
- Chest pain
- Excitability and anxiousness
- Nausea and vomiting

CONTRAINDICATIONS:

- The medication is expired
- The medication name and expiration date cannot be determined

PRECAUTIONS:

- Do not inject into a vein
- Be prepared to initiate CPR and use AED
- Infant patients may be more susceptible to potential adverse effects, monitor patient closely
- Patients may carry an "Ana-Kit" syringe containing epinephrine, Do not use it. Use only epinephrine auto-injector

1. Assess the patient, treat ABC problems, obtain baseline vitals and establish a transport plan based on general impression. Consider need for ALS or Air Medical transport.
2. Administer oxygen or assist ventilations, or begin CPR, as needed.
3. Obtain patient history. If preexisting cardiac disease or dysrhythmia is reported, contact medical control for patient specific directions.
4. Inspect the prescribed pre-loaded epinephrine auto-injector and document:
 - **Right Medication and Form-** Check expiration date, medication should be clear and colorless.
 - **Right Route-** Injected into thigh.
 - **Right Dose-** DOSAGE BY WEIGHT > 60 pounds- 0.3 mg epinephrine
(1 EpiPen Adult)
DOSAGE BY WEIGHT < 60 pounds- 0.15 mg epinephrine
(1 EpiPen Junior)

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Agency Medical Director. It is recommended that care be based on the patient's clinical presentation and on agency specific authorized policies and protocols.

PEDIATRIC

5. Describe procedure to patient and obtain consent, if possible.
6. Remove clothing covering thigh.
7. Administer medication:
 - Remove the cap from the auto-injector
 - Ask patient to hold leg as still as possible
 - Cleanse injection site with alcohol pad
 - Place the tip of the auto-injector against the lateral (outside), upper 1/3 of the Patient's thigh
 - Push the injector firmly against the thigh until the auto-injector activates
 - Hold the injector in place until the medication is injected (approx. 10 seconds) (Note: The majority of the solution will remain in the autoinjector after activation)
 - Dispose of the auto-injector in a biohazard sharps container
8. Record time of administration, dose administered, site, and patient response.
9. Reassess patient every 2 minutes. Patients experiencing anaphylaxis may not always respond adequately to one injection of epinephrine. Epinephrine has a rapid onset but short duration of action, (10-20 minutes). Patients may, therefore, not improve sufficiently or may improve and relapse. Contact medical control if patient does not improve with one dose, additional doses must be cleared through medical direction.
10. Consider using bronchodilator inhaler, per *Prescribed Inhaler Guideline*.
11. Transport or arrange for appropriate prompt transport and perform ongoing assessment en route. Assist ventilations or begin CPR, as needed.
12. Bring any remaining unused auto-injectors with you.
13. Document what triggered the anaphylaxis or allergic reaction.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Agency Medical Director. It is recommended that care be based on the patient's clinical presentation and on agency specific authorized policies and protocols.