

Anaphylaxis Management: Administration of Epinephrine from a One (1) mg/mL Concentration Ampoule

Patient Exposure

Patient presents after exposure to a known allergen for that patient, exposure to a likely allergen for that patient, or without a clear history of allergen exposure.

Patient experiencing signs and symptoms of:

- **Acute onset of illness** with involvement of the skin and/or mucosa **and at least one** of the following:
 - Respiratory - airway compromise
 - Cardiovascular compromise
- **Likely or known exposure** for that patient and involvement from **two or more** of the following:
 - Skin and/or mucosal involvement
 - Respiratory - airway compromise
 - Cardiovascular compromise
 - Persistent gastrointestinal (GI) symptoms

Rapid Patient Assessment

- Airway, Breathing, Circulation
- Skin and/or mucosa
- Gastrointestinal (GI)
- Mental and neurological status
- Exposure and time to suspected causative agent or allergen, if known

Seek **immediate** emergency assistance. In the community, call 911.

Suspect Anaphylaxis?

Monitor patient

Treat symptoms and notify patient's most responsible health practitioner, as applicable

Obtain an order for epinephrine from an authorized prescriber.

Pediatrics

less than 30 kg

Administer epinephrine **0.15 mg (0.15 mL)**, or as ordered by authorized prescriber, deep IM mid-anterior lateral thigh.

Monitor for continued signs and symptoms of anaphylaxis and repeat dose every 5 minutes to a maximum of 3 doses, if condition does not improve.

Adults and Pediatrics

30 kg or more

Administer epinephrine **0.3 mg (0.3 mL)**, or as ordered by authorized prescriber, deep IM mid-anterior lateral thigh.

Monitor for continued signs and symptoms of anaphylaxis and repeat dose every 5 minutes to a maximum of 3 doses, if condition does not improve.

Non-pharmacologic Interventions and Monitoring

- Stop the continued exposure to the suspected causative agent or allergen, if applicable.
- Place patient in a recumbent position (with legs elevated) or in a position of comfort, if unable to get recumbent.
- Maintain airway and ventilation.
- Administer oxygen, if required and available.
- Continue to monitor until assistance arrives (e.g., EMS) or transfer occurs.

If transport to an acute care facility cannot occur within 60 minutes after administration of epinephrine, and patient is experiencing itching, flushing, hives, and nasal or eye symptoms, consider administering a single dose of IM diphenhydramine hydrochloride (e.g., Benadryl), if an order or protocol is in place.

Notify, Educate/Follow-up, and Document:

- Notify patient's most responsible health practitioner regarding patient's status and follow-up.
- Educate patient and family/caregiver: After receiving epinephrine, the patient may experience a biphasic reaction (a secondary anaphylactic reaction) two (2) – nine (9) hours after an asymptomatic period. Recommend monitoring patient for 24 hours post episode. Advise family/caregiver to call EMS if the biphasic reaction occurs after discharge.
- Document in patient's health record.