

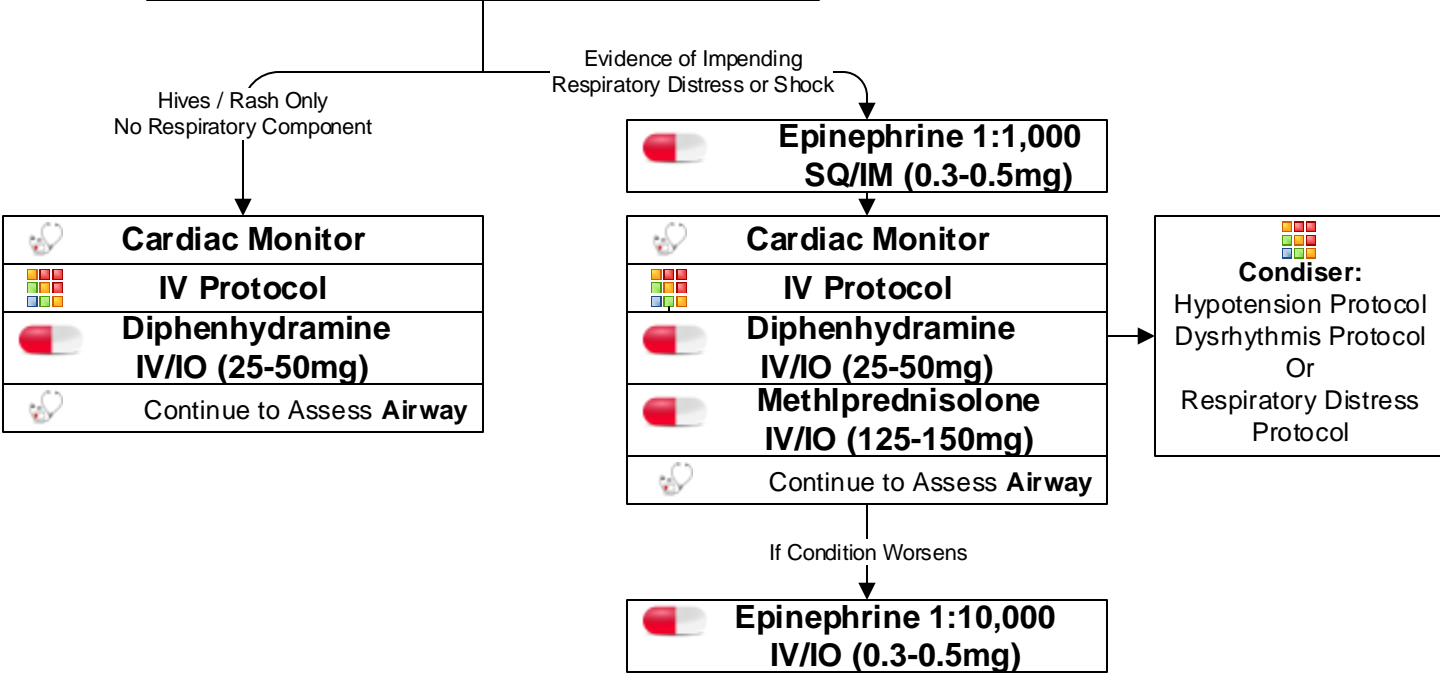
# Allergic Reaction

- History**
- Onset and location
  - Insect sting or bite
  - Food allergy / exposure
  - Medication allergy / exposure
  - New clothing, soap, detergent
  - Past history of reactions
  - **SAMPLE**
  - Medication history

- Signs and Symptoms**
- Itching or hives
  - Coughing / wheezing or respiratory distress
  - Chest or throat constriction
  - Difficulty swallowing
  - Hypotension or shock
  - Edema
  - Anxiety/Tachycardia/Palpitations
  - Tremors

- Differential**
- Urticaria (rash only)
  - Anaphylaxis (systemic effect)
  - Shock (vascular effect)
  - Angioedema (drug induced)
  - Aspiration / Airway obstruction
  - Vasovagal event
  - Asthma or COPD
  - CHF

**Universal Patient Care Protocol  
Routine Standard of Care**



**Medical Protocols**

- Pearls**
- **Recommended Exam: Mental Status, Skin, Heart, Lungs**
  - Use extreme caution prior to administering epinephrine in patients who are >50 years of age, have a history of cardiac disease, or if the patient's heart rate is >150. Epinephrine may precipitate cardiac ischemia. These patients should receive a 12 lead ECG.
  - **Any patient with respiratory symptoms or extensive reaction should receive IV or IM diphenhydramine .**
  - The shorter the onset from symptoms to contact, the more severe the reaction.
  - **Flight Considerations:** Patients in Respiratory Distress or Shock consider an increase in cabin pressure or decrease in altitude.
  - Anxiety, tremor, palpitations, tachycardia, and headache are not uncommon with administration of epinephrine .
  - Epinephrine may induce vomiting, angina, MI, or arrhythmias.