

## MEDICAL EMERGENCIES

### Anaphylactic Shock M3

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#### ANAPHYLACTIC SHOCK

*Serious progression of allergic reaction that may include profound hypotension, altered level of consciousness, cyanosis or severe respiratory distress/arrest.*

#### Safety-Warning

- Caution with use of **EPINEPHRINE 1:10,000** in anaphylactic shock. Most patients will not need repeat dosing, but if required, careful titration is essential.
- Epinephrine has the potential to cause arrhythmia or cardiac ischemia, particularly in patients with pre-existing cardiovascular disease (hypertension, angina, etc.)

1. Ensure a patent airway
  - **OXYGEN** - high flow. Be prepared to support ventilations as needed
2. Position of comfort
3. **NOTHING BY MOUTH**
4. Cardiac monitor — treat dysrhythmias per specific treatment guidelines
5. Consider early transport
6. **EPINEPHRINE 1:1000** 0.3-0.5 mg IM. May be repeated in 10 minutes.
7. **IV or IO ACCESS** with large bore cannula wide open. Recheck vitals after every 250 ml.
8. If patient unresponsive to IM treatment (e.g., continued severe respiratory distress, no palpable pulses, unconscious or incontinent), **EPINEPHRINE 1:10,000** titrate in 0.1mg doses slow IV or IO to a total of 0.5 mg
9. **ALBUTEROL** 5 mg/6 ml saline via nebulizer. May repeat as needed
10. Frequent reassessment of vital signs and respiratory status
11. **Contact Base Hospital if any questions or if additional therapy is required**