Information Needed:

1. History: current sequence of events, exposure to allergens (bee stings, drugs, nuts, seafood most common), prior allergic reactions and treatments.
2. Current symptoms, which may include: redness, itching, wheezing, respiratory distress, nausea, weakness, rash, anxiety, swelling, difficulty swallowing.
3. Medications, past medical history.
4. Specific objective findings
    a. Vital signs, level of consciousness.
    b. Respirations: wheezing, upper airway noise, effort.
    c. Mouth: tongue and airway swelling.

Treatment:

1. Ensure airway. Suction and administer O_2 as indicated. Prepare to assist ventilations.
2. Early intubation may be advisable for impending respiratory failure or before swelling becomes severe.
3. Position of comfort (upright if respiratory distress predominates; supine if shock prominent).
4. Consider IM epinephrine and/or nebulized Albuterol/Atrovent early; may be given prior to or while gaining IV access.
5. Establish venous access with NS. Fluid bolus as necessary.
6. Monitor cardiac rhythm.
7. For objective findings of respiratory distress such as stridor, wheezing, hypoxia, tachypnea or angioedema, epinephrine 1:1000 IM and diphenhydramine 25-50mg IV or IM are indicated.
8. Contact Medical Control for additional orders. Anticipate
    a. Epinephrine 1:10,000 IVP.
    b. Epinephrine infusion.

Notes:

1. The worst allergens known are nuts, stings, and medications. Pollens, dander, grasses, hairs, fruits are much less serious.

Anaphylaxis

2. Allergic reactions can take multiple forms. Early consult with Medical Control is encouraged.
3. Often both respiratory and cardiovascular collapse are happening simultaneously, thus, both issues must be addressed at the same time.

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