**Allergic Reaction**

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

### Signs and Symptoms
- Itching or hives
- Coughing / wheezing or respiratory distress
- Chest or throat constriction
- Difficulty swallowing
- Hypotension or shock
- Edema

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

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**Universal Patient Care Protocol**

- Hives / Rash only
  - No respiratory component
  - Cardiac Monitor
  - IV Protocol
  - Diphenhydramine
  - Continue to reassess Airway

- If No improvement
  - Contact Medical Control

**Legend**

- B
- EMT B
- I
- EMT- I
- P
- EMT- P
- M
- Medical Control

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**Pearls**

- **Recommended Exam: Mental Status, Skin, Heart, Lungs**
- **Contact Medical Control** 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.