

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.



<h1>NYC REMAC</h1>			
Advisory No.	2009-04		
Title:	<b>BLS Protocols for ANAPHYLACTIC REACTION</b>		
Issue Date:	March 31, 2009		
Effective Date:	Immediate		
Re-Issued:			
Supercedes:		Page:	1 of 5

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The REMAC of NYC has mandated the presence of Epinephrine auto-injectors on all Basic Life Support units. Up until this time, the presence of Epinephrine auto-injectors has been at the discretion of the agency medical director. All EMT-Basics are trained in the use of Epinephrine auto-injectors as part of the NYS DOH training curricula.

In both adult (410) and pediatric (455) BLS Protocols, Epinephrine auto-injectors may be administered to patients as a Medical Control Order. The updated protocols are attached showing revisions.

Complete protocols can be downloaded at the REMSCO website: [www.nycremsco.org](http://www.nycremsco.org).

Implementation of this mandate is immediate, with a sixty (60) day grace period for purchase and training purposes.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Lewis W. Marshall, Jr., MD, JD  
Chair, Regional Emergency Medical Advisory Committee of New York City

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410

ANAPHYLACTIC REACTION

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**NOTE: ANAPHYLAXIS CAN BE A POTENTIALLY LIFE THREATENING SITUATION MOST OFTEN ASSOCIATED WITH A HISTORY OF EXPOSURE TO AN INCITING AGENT/ALLERGEN (BEE STING OR OTHER INSECT VENOM, MEDICATIONS/DRUGS, OR FOODS SUCH AS PEANUTS, SEAFOOD, ETC.). THE PRESENCE OF RESPIRATORY DISTRESS (UPPER AIRWAY OBSTRUCTION [STRIDOR], SEVERE BRONCHOSPASM [WHEEZING]) AND/OR CARDIOVASCULAR COLLAPSE/HYPOTENSIVE SHOCK CHARACTERIZE THE CLINICAL FINDINGS THAT AUTHORIZE AND REQUIRE TREATMENT ACCORDING TO THIS PROTOCOL. THIS PROTOCOL APPLIES TO PATIENTS 9 YEARS OF AGE OR OLDER, OR PATIENTS WEIGHING MORE THAN 30 KG (66 LBS).**

1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reaction and/or recent exposure to an allergen or inciting agent.
2. Request Advanced Life Support assistance, if available. Do NOT delay transport.
3. Administer high concentration oxygen.
4. Assess the cardiac and respiratory status of the patient.
  - a. If **both** the cardiac and respiratory status of the patient are normal, initiate transport.
  - b. If **either** the cardiac or respiratory status of the patient is **abnormal**, proceed as follows:
    - i. If the patient is having severe respiratory distress **or** shock **and** has been prescribed an Epinephrine auto-injector, assist the patient in administering the Epinephrine, 0.3 mg via an auto-injector. If the patient's auto-injector is not available or expired, **and the EMS agency carries an Epinephrine auto-injector**, administer the Epinephrine, 0.3 mg via an auto-injector **as authorized by the agency's Medical Director**.
    - ii. If the patient has not been prescribed an Epinephrine auto-injector, begin transport and contact On-Line Medical Control for authorization to administer 0.3 mg Epinephrine via an auto-injector, **if available**.

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**NOTE: IN THE EVENT THAT YOU ARE UNABLE TO MAKE CONTACT WITH ON-LINE MEDICAL CONTROL (RADIO FAILURE, NO COMMUNICATIONS) AND THE PATIENT IS UNDER 35 33 YEARS OF AGE, YOU MAY ADMINISTER 0.3 mg EPINEPHRINE (ONE DOSE ONLY) VIA AN AUTO-INJECTOR IF INDICATED. THE INCIDENT MUST BE REPORTED TO ON-LINE MEDICAL CONTROL AND YOUR AGENCY'S MEDICAL DIRECTOR AS SOON AS POSSIBLE**

- iii. Contact On-Line Medical Control for authorization to administer a second administration of 0.3 mg Epinephrine via an auto-injector, if needed.

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## *BLS Protocols: Anaphylactic Reaction*

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- iv. Refer immediately to the REMAC Prehospital Treatment Protocol for Respiratory Distress/Failure (#401), Obstructed Airway (#402), or Shock (#415) as appropriate.
5. If cardiac arrest occurs, refer immediately to the REMAC Prehospital Treatment Protocol for Non-Traumatic Cardiac Arrest (#403).

### MANDATORY QUALITY ASSURANCE COMPONENT:

FOR EVERY ADMINISTRATION OF EPINEPHRINE VIA AUTO-INJECTOR, THE ACR/PCR DOCUMENTATION MUST BE REVIEWED BY THE SERVICE MEDICAL DIRECTOR, WHO IS THEN RESPONSIBLE FOR FORWARDING A COPY OF THE ACR/PCR TO THE NYC REMAC FOR SYSTEM-WIDE QA PURPOSES.

FOR THE PURPOSES OF PATIENT CONFIDENTIALITY, COPIES OF THE PCR/ACR CAN BE MAILED TO: THE REGIONAL EMS COUNCIL OF NYC, 475 RIVERSIDE DRIVE, SUITE 1929, NEW YORK, NEW YORK 10115. PLEASE LABEL THE ENVELOPE "CONFIDENTIAL QA".

# THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

*BLS Protocols: Anaphylactic Reaction*

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455

## PEDIATRIC ANAPHYLACTIC REACTION

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**NOTE: ANAPHYLAXIS CAN BE A POTENTIALLY LIFE THREATENING SITUATION MOST OFTEN ASSOCIATED WITH A HISTORY OF EXPOSURE TO AN INCITING AGENT/ALLERGEN (BEE STING OR OTHER INSECT VENOM, MEDICATIONS/DRUGS, OR FOODS SUCH AS PEANUTS, SEAFOOD, ETC.). THE PRESENCE OF RESPIRATORY DISTRESS (UPPER AIRWAY OBSTRUCTION [STRIDOR], LOWER AIRWAY DISEASE/SEVERE BRONCHOSPASM [WHEEZING]) AND/OR CARDIOVASCULAR COLLAPSE/HYPOTENSIVE SHOCK CHARACTERIZE THE CLINICAL FINDINGS THAT AUTHORIZE AND REQUIRE TREATMENT ACCORDING TO THIS PROTOCOL. THIS PROTOCOL APPLIES TO PATIENTS UNDER 9 YEARS OLD OR PATIENTS WEIGHING LESS THAN 30 KG (66 LBS). FOR PATIENTS 9 YEARS OF AGE OR OLDER, OR OVER 30 KG (66 LBS) REFER TO THE ADULT ANAPHYLAXIS PROTOCOL (#410).**

1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reaction and/or recent exposure to an allergen or inciting agent.

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**NOTE: DO NOT DELAY TRANSPORT TO THE HOSPITAL**

2. Administer high concentration oxygen.
3. Assess the cardiac and respiratory status of the patient.
  - a. If **both** the cardiac and respiratory status of the patient are normal, initiate transport.
  - b. If **either** the cardiac or respiratory status of the patient is **abnormal**, proceed as follows:
    - i. If the patient is having severe respiratory distress **or** shock **and** has been prescribed a pediatric (0.15 mg) Epinephrine auto-injector, assist the patient in administering the Epinephrine **0.15 mg via an auto-injector**. If the patient's auto-injector is not available or expired, **and the EMS agency carries a pediatric (0.15 mg) Epinephrine auto-injector**, administer the Epinephrine, **0.15 mg as authorized by the agency's Medical Director**.
    - ii. If the patient has not been prescribed a pediatric (0.15 mg) Epinephrine auto-injector, begin transport and contact On-Line Medical Control for authorization to administer a pediatric (0.15 mg) Epinephrine auto-injector, **if available**.

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**NOTE: IN THE EVENT THAT YOU ARE UNABLE TO MAKE CONTACT WITH ON-LINE MEDICAL CONTROL (RADIO FAILURE, NO COMMUNICATIONS), YOU MAY ADMINISTER THE EPINEPHRINE AUTOINJECTOR (0.15 MG) IF INDICATED. THE INCIDENT MUST BE REPORTED TO ON-LINE MEDICAL CONTROL AND YOUR AGENCY'S MEDICAL DIRECTOR AS SOON AS POSSIBLE**

- iii. Contact On-Line Medical Control for authorization to administer a second administration of a pediatric (0.15 mg) Epinephrine auto-injector, if needed.

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## *BLS Protocols: Anaphylactic Reaction*

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- iv. Refer immediately to the REMAC Prehospital Treatment Protocol for Respiratory Distress/Failure (#450), Obstructed Airway (#451), or Shock (#458) as appropriate.
- 4. If cardiac arrest occurs, refer immediately to the REMAC Prehospital Treatment Protocol for Non-Traumatic Cardiac Arrest (#453)

### MANDATORY QUALITY ASSURANCE COMPONENT:

FOR EVERY ADMINISTRATION OF EPINEPHRINE VIA AUTO-INJECTOR, THE ACR/PCR DOCUMENTATION MUST BE REVIEWED BY THE SERVICE MEDICAL DIRECTOR, WHO IS THEN RESPONSIBLE FOR FORWARDING A COPY OF THE ACR/PCR TO THE NYC REMAC FOR SYSTEM-WIDE QA PURPOSES.

FOR THE PURPOSES OF PATIENT CONFIDENTIALITY, COPIES OF THE PCR/ACR CAN BE MAILED TO: THE REGIONAL EMS COUNCIL OF NYC, 475 RIVERSIDE DRIVE, SUITE 1929, NEW YORK, NEW YORK 10115. PLEASE LABEL THE ENVELOPE "CONFIDENTIAL QA".