B. 2 Anaphylaxis

Clinical presentation	Shortness of breath, wheezing/stridor Sensation of throat tightness or swelling Swelling of the tongue and/or face Angioedema Difficulty swallowing Generalized hives and pruritus (itching) That usually occurs within seconds or minutes after exposure to a foreign substance, but can sometimes be delayed, occurring hours after exposure	ALOC Hypotension Tachycardia Restlessness Anxiety

- Call for assistance & **CALL 911**.
- Assess and appropriately manage ABC (airway, breathing, circulation). Protect airway and suction as needed.
- Assess Skin and Mental Status.
- Remove causative agent
- Administer the following and repeat every 5 to 15 minutes depending on patients clinical response to a maximum of 3 doses:
  - EpiPen® Adult (0.3 mg epinephrine auto-injector) I.M. injected to anterolateral aspect of the thigh.

  OR
  - Epinephrine 1:1000 (1mg/ml) Solution at 0.01mg/kg: Up to 0.5 mg (0.5 ml) I.M., injected to anterolateral aspect of the thigh.
- Administer O_2 5 L/min via mask or nasal cannula, if necessary, administer O_2 at 15 L/min via non-rebreather mask. **Caution use in patients with a history of COPD**
- Obtain vital signs (BP/P/RR/T and O_2Sat) and monitor continuously.
- Establish IV access and infuse N/S solution at 30-50 mL per hour, if hypotensive bolus 500 ml, if not effective repeat Bolus 500 ml.
- Contact institutional physician for orders/advice.

Second line treatment:

- If moderate to severe bronchospasm, administer the following and repeat every 15 minutes as necessary to a maximum of 3 doses.
  - Salbutamol 100 mcg (Ventolin) 6-8 puffs through an aero chamber.

  OR

  - If in Health Care Centre administer, Salbutamol 1 to 2 ampoules (1 ampoule=2.5 mg in 3 mL N/S) by wet nebulization (aerosol mask). Repeat every 15 minutes if necessary. **** DO NOT USE during COVID-19 Pandemic****
- If non-responsive to epinephrine and on Beta Blockers, give Glucagon 1 mg I.M. or one intranasal dose
- Methylprednisolone (Solu-Medrol) 1 to 2 mg/kg up to 80 mg I.V. diluted in 50-100 mL of N/S over 15 minutes.
- Only for itching/flushing/rash (Benadryl may mask symptoms of anaphylaxis so ensure that the patient is clinically stable. **Benadryl should not be used instead of epinephrine**):
  - Diphenhydramine (Benadryl) 50 mg P.O. or I.M. X1 stat.

Naloxone (Narcan)

Indication	For the complete or partial reversal of known or suspected opioid overdose. Naloxone will have no effect on the patient's condition if the overdose is not opioid related. Patient's prescribed long-term narcotic therapy or have an addiction will experience withdrawal symptoms following administration of Naloxone, for these patients it is recommended to "start low and go slow".
Action	Onset: IV: within 2 minutes IM/SC/Nasal: slightly longer Half-Life: Between 30 and 81 minutes Duration: IM administration has a more prolonged effect than IV administration.
Administration	Injection: over 30 seconds, undiluted Nasal spray: 4 mg spray. Insert tip of nozzle into either nostril and press plunger firmly to deliver the dose. Administer in alternance nostrils with each doses
Nursing Implications	Patient may vomit as Naloxone starts to take effect. Patient must be closely monitored after administration of Naloxone. The effects of antidote will wear off and the patient may again experience overdose symptoms. Abrupt reversal of opioid overdose may result in nausea, vomiting, sweating, tremulousness tachycardia and/or increased BP, and rarely, cardiac arrest.