

**EPINEPHRINE AUTO-INJECTOR TRAINING POLICY
ALLERGIC REACTION / ANAPHYLAXIS**

All members/employees of _____ (service) affiliate number _____ must complete DOH training module #004124 and be familiar with and follow Protocol #201 (Initial Patient Contact, see attachment) and Protocol #411 (Allergic Reaction/Anaphylaxis, see attachment).

Each member/ employee must then be approved by the Medical Director for this service. After approval by this service's Medical Director each EMT will be added to the EpiPen Auto-Injector personnel roster

Each member/employee approved by this service's Medical Director to administer Epinephrine via EpiPen Auto-Injector will participate as requested in this service's Quality Improvement program. This service will also participate in the Regional Council's Quality Improvement program as requested.

President

Date

INITIAL PATIENT CONTACT PROTOCOL #201

Criteria:

A. All patients.

Exclusion Criteria:

A. None

Procedure:

A. Scene Size-Up:

- 1. Evaluate scene safety – see Protocol # 102.**
 - a. If scene is unsafe and cannot be made safe, do not enter.**
- 2. Utilize appropriate Body Substance Isolation / Universal Precautions – see Protocol # 103.**
- 3. Determine Mechanism of injury (MOI) or nature of illness and number of patients.**
 - a. Initiate local or regional mass casualty plan if the number of surviving patients exceeds the threshold for initiating such plan (in accordance with applicable regional protocol). Call for additional BLS/ ALS ambulances if needed.**
- 4. Summon ALS or air-medical service if indicated and available.**

B. All Patients:

- 1. If trauma MOI, stabilize cervical spine during assessment.**
- 2. Perform initial assessment. (Form a general impression of the patient; determine the chief complaint and/or life threatening problems; determine responsiveness; assess airway and breathing; assess circulation.)¹**
- 3. Assure open airway; proceed with obstructed airway treatment if needed.**
- 4. If breathing is inadequate, ventilate patient as needed.**
- 5. If pulse-less, proceed to Cardiac Arrest protocol #331**
- 6. If priority condition exists administer high concentration oxygen, treat immediately, and transport with reassessment and treatment by applicable protocol while enroute to the appropriate medical facility.**
 - a. Priority conditions are:**
 - 1) Unable to obtain open airway**
 - 2) Poor general impression**
 - 3) Altered mental status and not following commands**
 - 4) Difficulty breathing/ inadequate ventilation.**
 - 5) Hypoperfusion (Shock).**
 - 6) Complicated childbirth**
 - 7) Chest pain with SBP < 100**
 - 8) Uncontrolled bleeding**
 - 9) Severe pain, anywhere**
 - a. If no priority condition exists, obtain history (SAMPLE & OPQRST) and perform focused physical exam.**
 - 10). Treat and transport per applicable protocol(s).**

Notes:

1. If assessment of patient justifies ALS or air-medical care, summon ALS or air ambulance service if available and if not already dispatched. See Indications for ALS Use protocol #210.
2. Administer high concentration oxygen.
3. Determine severity of patient's symptoms
 - a. For severe symptoms listed above:
 - 1) Administer a single unit dose of epinephrine via auto injector. 4, 5, 7
 - a) Adult dose 0.3 mg (e.g. EpiPen)
 - b) Pediatric dose 0.15 mg (e.g. EpiPen Junior)
 - 2) Monitor vital signs and reassess patient
 - 3) Contact Medical Command.
 - b. For moderate symptoms listed above, Contact Medical Command and follow directions of medical command physician.
 4. Monitor vital signs and reassess patient.
 5. Monitor Pulseoximetry, [OPTIONAL].8
 6. Transport.
 7. Contact Medical Command if condition worsens.

Possible Medical Command Orders:

- A. Medical command physician may order administration of another dose of epinephrine.

Notes:

1. Patients with mild allergic reactions should be reassessed for the development of more severe symptoms.
2. Side effects of epinephrine are rare. They include:
 - a. Increased heart rate Vomiting
 - b. Excitability Nausea
 - c. Chest Pain Headache
 - d. Dizziness Anxiousness
 - e. Pallor
3. Use caution in patients over 55 years old. Contact Medical Command if patient does not have severe symptoms as defined above or if unsure whether this is an allergic reaction.
4. Dispose of the injector in a biohazard container.
5. See Pulseoximetry protocol #226. Pulseoximetry is only to be used by BLS personnel that meet DOH Pulseoximetry requirements. If used, Pulseoximetry must not delay the application of oxygen.
Record SpO₂ after administration of oxygen. If Pulseoximetry is used and patient does not tolerate NRB mask, EMT may switch to nasal cannula as long as SpO₂ remains >95%.

B. All patients treated by an EMT from this service that have been trained to ASSIST a patient with the PATIENTS OWN EpiPen will follow the following protocols.

- 1. Initial Patient Contact – see Protocol # 201.**
 - a. Consider call for ALS if available. See Indications for ALS Use protocol #210.**
- 2. Administer oxygen. (High concentration if difficulty breathing or signs of shock)**
- 3. Determine the severity of the patient's symptoms.**
 - a. For severe symptoms listed above:**
 - 1) If the patient has a prescribed epinephrine auto-injector, assist² with the administration of single unit dose of epinephrine via auto injector.^{3, 4,5,6,7} [EMT ONLY]**
 - a) Adult dose 0.3 mg (e.g. EpiPen)**
 - b) Pediatric dose 0.15 mg (e.g. EpiPen Junior)**
 - 2) Monitor vital signs and reassess patient.**
 - 3) Contact medical command.**
 - b. For moderate symptoms listed above:**
 - 1) Contact medical command if the patient has a prescribed epinephrine auto-injector.**
 - 4. Monitor vital signs and reassess patient.**
 - 5. Monitor Pulseoximetry, [OPTIONAL].⁸**
 - 6. Transport.**

Pennsylvania Department of Health Respiratory Protocol # 411 for BLS Patients both Adult and Peds

1. Initial Patient Contact – see Protocol # 201.
 - a. Consider call for ALS if available. See Indications for ALS Use protocol #210.
 2. Administer high concentration oxygen.
 3. Determine severity of patient's symptoms
 - a. For severe symptoms listed above:
 - 1) Administer a single unit dose of epinephrine via auto injector.^{4, 5, 7}
 - a) Adult dose 0.3 mg (e.g. EpiPen)
 - b) Pediatric dose 0.15 mg (e.g. EpiPen Junior)
 - 2) Monitor vital signs and reassess patient
 - 3) Contact Medical Command.
 - b. For moderate symptoms listed above, Contact Medical Command and follow directions of medical command physician.
 4. Monitor vital signs and reassess patient.
 5. Monitor Pulseoximetry, [OPTIONAL].⁸
 6. Transport.
 7. Contact Medical Command if condition worsens.

Possible Medical Command Orders:

- A. If patient has a second epinephrine auto-injector, medical command physician may order EMT to assist patient with the administration of a second dose of epinephrine.
- B. If BLS service carries epinephrine auto-injector, medical command physician may order administration of epinephrine.

Notes:

1. Patients with mild allergic reactions should be reassessed for the development of more severe symptoms.
2. The EMT may need to administer the medication rather than assist if the patient has a decreased level of consciousness.
3. Assure that the available auto-injector was prescribed for the patient and is not expired.
4. Side effects of epinephrine are rare. They include:
 - Increased heart rate Vomiting
 - Excitability Nausea
 - Chest Pain Headache
 - Dizziness Anxiousness
 - Pallor
5. Use caution in patients over 55 years old. Contact Medical Command if patient does not have severe symptoms as defined above or if unsure whether this is an allergic reaction.
6. If the patient does not have a prescribed epinephrine auto injector, but there is a bystander available with an auto injector, contact medical command.
7. Dispose of the injector in a biohazard container.
8. See Pulseoximetry protocol #226. Pulseoximetry may only be used by BLS services and personnel that meet DOH Pulseoximetry requirements. If used, Pulseoximetry must not delay the application of oxygen. Record SpO₂ after administration of oxygen. If Pulseoximetry is used and patient does not tolerate NRB mask, may switch to nasal cannula as long as SpO₂ remains >95%.

