# Protocol for In-Clinic Allergic Reactions

This protocol has a front and back page and should be used at the first sign of an allergic reaction. Please document vital signs, concerning physical exam findings and any medications administered in the table below with corresponding time. Turn this page over to review the protocol for management of an acute reaction.

Patient presents for (circle one):  **In-Office Challenge**  **Immunotherapy**  Other

**Patient Weight** ______________  **Appointment/ Start Time** ______________

| Time | Physical Exam | Vital Signs | Drug | Dose/ Route |
|------|---------------|-------------|------|-------------|
|      | (Check any findings present, specify location) |          |      |             |
|      | Hives □  Wheeze □  Rhinitis/ Sneeze □  Cough □  Angioedema □  Emesis □  Other □ | HR BP □ | RR/ O2 Sat □ | Epinephrine □  Cetirizine □  Diphenhydramine □  Albuterol □ |
|      | Hives □  Wheeze □  Rhinitis/ Sneeze □  Cough □  Angioedema □  Emesis □  Other □ | HR BP □ | RR/ O2 Sat □ | Epinephrine □  Cetirizine □  Diphenhydramine □  Albuterol □ |
|      | Hives □  Wheeze □  Rhinitis/ Sneeze □  Cough □  Angioedema □  Emesis □  Other □ | HR BP □ | RR/ O2 Sat □ | Epinephrine □  Cetirizine □  Diphenhydramine □  Albuterol □ |
|      | Hives □  Wheeze □  Rhinitis/ Sneeze □  Cough □  Angioedema □  Emesis □  Other □ | HR BP □ | RR/ O2 Sat □ | Epinephrine □  Cetirizine □  Diphenhydramine □  Albuterol □ |
|      | Hives □  Wheeze □  Rhinitis/ Sneeze □  Cough □  Angioedema □  Emesis □  Other □ | HR BP □ | RR/ O2 Sat □ | Epinephrine □  Cetirizine □  Diphenhydramine □  Albuterol □ |

**Time of Discharge** ______________  **RN Signature** ______________  **Date/Time** ______________

**Practitioner Signature** ______________  **Date/Time** ______________

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This form represents a general guideline only and is subject to the clinical judgement of the provider. All dosing for medications administered should be determined by the ordering provider. 

Last Updated 9/19/2017
**FOR MILD OR LOCAL ALLERGIC REACTION**

1. **Signs of Mild reaction include:**
   - Hives on face or body
   - Itchy mouth
   - Rhinorrhea, sneezing
   - Mild nausea/discomfort

2. **Weight** | **Epinephrine Dose**
   - <30 kg | 0.15 mg IM (i.e. Epi Pen Jr)
   - ≥ 30 kg | 0.3 mg IM (i.e. Epi Pen Auto-Injector)

**FOR SEVERE ALLERGIC REACTIONS**

2. **Signs of anaphylaxis or severe reaction include any one or more of the following body system involvements:**
   - Lung: Shortness of breath, wheeze, repetitive cough
   - Throat: Tightness, closing or fullness, trouble breathing or swallowing
   - Heart: Pale, blue, faint, weak pulse, light-headedness, passing out
   - Mouth: Swelling of tongue
   - Gut: Repetitive or severe vomiting, diarrhea, abdominal pain
   - Skin: Severe swelling

**ANAPHYLAXIS or SEVERE REACTION**

1. **Vitals**
2. **Notify MD**
3. **EPINEPHRINE IM (#1)**
   - Record Time
   - Monitor closely
   - After 5 minutes
   - If symptoms resolve
   - Continue to repeat IM Epi as needed
   - If unstable

**OBSERVE (MINIMUM 1 HOUR)**

**REPEAT EPINEPHRINE (#2)**

**DISCHARGE**

**CALL CODE BLUE x22233**

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