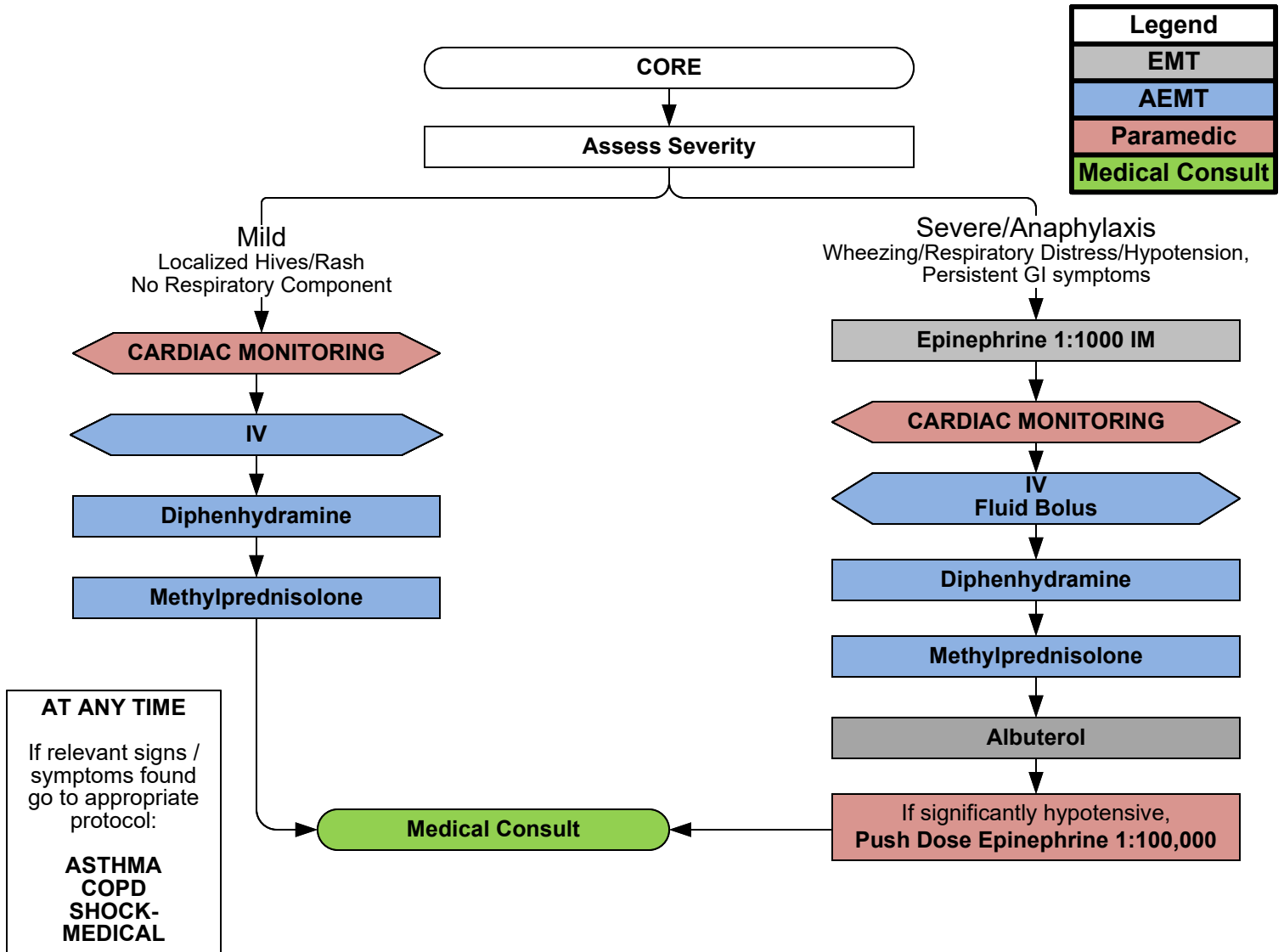


ALLERGIC REACTION

History - Onset and location - Insect sting or bite - Food allergy / exposure - Medication allergy / exposure - New clothing, soap, detergent - Past history of reactions - SAMPLE	Signs and Symptoms: - Itching or hives - Coughing / wheezing or respiratory distress - Chest or throat constriction - Difficulty swallowing - Hypotension or shock - Edema - Facial or oral mucosal swelling	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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Pearls:

- For the purpose of this protocol and as per the World Allergy Organization, anaphylaxis is defined as one of the following:
 - Acute onset of illness with involvement of skin, mucosa or both and respiratory compromise or reduced blood pressure or signs of end-organ dysfunction.
 - Two or more of the following after exposure to a likely allergen: involvement of skin/mucosa, respiratory compromise, persistent GI symptoms (abdominal pain, vomiting)
 - Reduced blood pressure after exposure to a known allergen.
- Push Dose Epinephrine should be considered for significant hypotension refractory to the first and second doses of Epinephrine 1:1000 IM and fluid bolus.
- Any patient with respiratory symptoms or extensive reaction should receive IV or IM diphenhydramine and methylprednisolone IV/IM.
- The shorter the onset from contact to symptoms, the more severe the reaction.
- Systemic Hives or Rash indicates a severe reaction and should be treated with Epinephrine.