

## **BROWN EMERGENCY MEDICINE CDU ALLERGIC REACTION TREATMENT PATHWAY**

**Purpose:** To efficiently and safely observe patients with anaphylaxis after they have been stabilized, but during the period where they may require additional interventions.

### **Inclusion Criteria:**

- Allergic reaction requiring epinephrine injection by patient, EMS or by Emergency Department providers
- Symptoms consistent with allergic reaction prior to intervention

### **Exclusion Criteria at time of CDU placement:**

- Vital Signs:
  - Temperature > 100.4 F
  - Systolic Blood Pressure <90 mmHg
  - Persistent tachycardia, HR >110
  - RR>30
  - Pulse Oximetry < 92% on room air
- Active Stridor
- Ongoing Dyspnea
- Initial treatment requiring more than 2 total doses of epinephrine
- Ischemic EKG changes
- Concurrent medical problem requiring admission
- Any condition found on the “CDU Universal Exclusion Criteria” list
- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 48 hrs (ED attending discretion)

*Last Update: 12/18/22, EEG*

## **ANAPHYLAXIS CDU OBSERVATION PATHWAY:**

### **Observation Unit Evaluation should include:**

1. Observation for at least 6 hours
2. Serial vital signs
3. Serial symptom evaluation including:
  - a. Difficulty breathing
  - b. Tongue swelling
  - c. Throat swelling
  - d. Lip/face swelling
  - e. Chest pain
  - f. Nausea/Vomiting/Diarrhea
  - g. Abdominal Cramping
4. If patient develops any of the symptoms above or develops hypoxia ( $O_2 < 88\%$ ), hypotension (SBP  $< 90$ ), or tachycardia ( $> 120$ ):
  - a. Contact attending covering observation unit
  - b. Consider Epinephrine 1:1000 0.3 mg IM
5. IV or PO hydration
6. Diphenhydramine 25 – 50 mg IV or PO q 4 hrs PRN pruritus OR urticaria without respiratory, oropharyngeal or GI symptoms
7. If patient has not received any steroids prior to observation:
  - a. Prednisone 60 mg PO once daily or
  - b. Dexamethasone 10 mg IV once daily or
  - c. Methylprednisolone 125 mg IV q 6 hrs

### **Indications for hospital admission:**

1. No clinical improvement at 10 hours
2. Requirement for repeated dose of epinephrine while under observation

### **Discharge Planning:**

1. Epinephrine auto-injector prescription and coaching
2. Prescriptions to consider in conjunction with epinephrine:
  - a. Steroids
  - b. Antihistamines
  - c. Beta-agonist inhaler
3. Primary care follow up
4. Allergist referral as needed