© 2008 (REVISED), Los Angeles County Base Hospital Treatment Guidelines

Field Treatment

1. Basic airway

Note: ①

2. Oxygen/Pulse Oximetry
3. Advanced airway prn
4. Shock position prn
5. Cardiac monitor/document rhythm and attach EKG strip
6. Venous access

MILD RESPIRATORY DISTRESS PERFUSING	*SEVERE RESPIRATORY DISTRESS POOR PERFUSION*
7. **Epinephrine** (1:1,000) **0.3 mg** IM ❶❷❸ ☞ May repeat every 20 minutes two times	7. Shock position prn 8. **Epinephrine** (1:10,000) **0.1mg** IVP ❶❷❸ ☞ May repeat every three minutes
8. If wheezing, **albuterol 5 mg** via hand held nebulizer ❹ ☞ May repeat prn	9. If hypotensive, fluid challenge ②
9. **Diphenhydramine 50-100 mg** slow IVP ❺❻ ☞ Reassess for potential deterioration	10. If fluid challenge unsuccessful, **dopamine 400mg/500ml NS** IVPB. Start at 30mcgtts/minute ❼❽ **Note:** ③ 11. If wheezing, **albuterol 5 mg** via hand-held nebulizer ❹ ☞ May repeat prn

Drug Considerations

Epinephrine:
❶ Pediatrics: 0.01 mg/kg IM (mild) or IVP (severe). 10kg and above the maximum single dose is 0.1mg IVP or 0.3mg IM
❷ Monitor vital signs frequently after administration.
❸ Caution in patients over 40 years of age due to possible cardiovascular disease.

Albuterol:
❹ Pediatrics: see **Color Code Drug Doses/ L.A. County Kids**

Diphenhydramine (Benadryl®):
❺ Alternate route: Deep IM
❻ Pediatrics: see **Color Code Drug Doses/ L.A. County Kids**

Dopamine:
❼ Titrate to systolic BP 90-100 and signs of adequate perfusion or to a maximum of 120mcgtts/minute.
❽ Pediatrics: see **Color Code Drug Doses/ L.A. County Kids**

Special Considerations

①Simple hives do not require field treatment.

② Ensure absence of rales.

③ Consider 2nd IV access.