

Advanced Life Support Patient Care Standards Version 4.0 Refresher

Moderate to Severe Allergic Reaction Medical Directive Summary of Changes

The following is intended to provide you with summary notes that reflect the changes to the ALS PCS v4.0. Please refer to the following additional resources for further clarification as needed:

- **Advanced Care Life Support Patient Care Standards v4.0**
Link: www.lhsc.on.ca/About_Us/Base_Hospital_Program/Medical_Directives/index.htm
- **Moderate to Severe Allergic Reaction Refresher Podcast**
Link: <https://youtu.be/BzZs72K5uag>
- **SWORBHP – 2016-2017 Mandatory – PCP/ACP in the Paramedic Portal - Online Training**
Link: www.paramedicportalontario.ca

What has changed?

- Epinephrine auto-injectors are no longer listed throughout ALS PCS
- Reintroduction of a second dose of epinephrine, with a dosing interval: “minimum 5 min”

Why has it changed?

- Epinephrine has a rapid onset (5 – 10 min) and short duration of action (max 20 min); therefore a dosing interval of “minimum 5 minutes” has been included
- Following the first dose of epinephrine, patients should be closely monitored and re-administration should be considered in patients who continue to present with a moderate –severe allergic reaction (2 or more body systems, or 1 severe symptom)

How does it affect paramedic practice?

- Paramedics should closely monitor timelines when treating these patients; this may lead to reconsideration of treatment priorities (epinephrine, diphenhydramine, IV access, salbutamol)
- Following the first dose of epinephrine, diphenhydramine should be administered (should the patient meet the criteria outlined in the medical directive)
- No change in epinephrine dose: 0.01mg/kg (rounded to the nearest 0.05mg), to a max of 0.5mg per dose
- Review of normotension: $SBP - Age \times 2 = 90$
- Review of hypotension: $SBP - Age \times 2 = 70$

REMINDER THAT THE INFORCE DATE IS JULY 17, 2017