### BLS Patient Management

- **Establish, maintain, and ensure:**
  - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- Remove patient from contact with the allergen

- **Oxygen**
  - As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- **Assist the patient with administration of their physician prescribed Epi-pen or other appropriate medication(s).** Record the patient’s self-administration in the ePCR as, “Self-administered”

- **Attach ECG leads to the patient when a paramedic is present**

- **Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements**

- **For suspected anaphylaxis**
  - **Adults:** Epinephrine 0.3 mg (0.3 mL, 1 mg / mL concentration) IM, “EpiPen” / auto-injector. **AGENCIES MUST HAVE REMSA APPROVAL PRIOR TO CARRYING AND UTILIZING EPIPENS / EPINEPHRINE AUTO-INJECTORS.**

### ALS Patient Management

- **Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients**

- **Consider the need for additional sites as clinically indicated**

- **Interpret and continuously monitor ECG, SpO₂ and waveform / digital capnography**

- **For suspected allergy and/or anaphylaxis**
  - **Adults:** Diphenhydramine 50 mg (1 mL) IM or slow IV/IO push. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

  - **Pediatrics:** Diphenhydramine 1 mg / kg slow IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  ****OR**

  - Diphenhydramine 2 mg / kg IM. **MAX SINGLE DOSE IS 50 MG.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

- **For bronchospasm associated with allergy and/or anaphylaxis**
  - **Adults and pediatrics:** Albuterol 2.5 mg / 3 mL (one pouch), nebulized. **MAY REPEAT PRN.**

- **For suspected anaphylaxis**
  - **Adults:** Epinephrine 0.3 mg (0.3 mL, 1 mg / mL concentration) IM. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

  - **Pediatrics:** Epinephrine 0.01 mg / kg (1 mg / mL concentration) IM. **MAX SINGLE DOSE IS 0.3 MG. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
• For shock associated with allergy and/or anaphylaxis
  Adults: 250 mL IV/IO bolus. MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.

  Pediatrics: 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. MAY REPEAT AS CLINICALLY INDICATED. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  Adults and pediatrics: Push Dose Epinephrine 0.01 mg (1 mL, 0.01 mg / mL concentration) IV/IO. MAY REPEAT PRN EVERY 1-5 MINUTES TO MAINTAIN A SYSTOLIC BP GREATER THAN:

  90 mmHg – adults
  70 mmHg – pediatrics