MEDICAL DIRECTIVE
Critical Care Outreach Team (CCOT) – Suspected Anaphylaxis - Like

Approved by/Date: Medical Advisory Committee – October 27, 2015

Authorizing physician(s)
Intensivists who are part of the Critical Care Physician Section

Authorized to who
CCOT Responders (RRTs and RNs) that have the knowledge, skill and judgment and who have successfully attained certification by a course of self-study supplied by the Intensivist – Educators appointed by the Authorizing Physicians, participated in Didactic and Simulation education, completed orientation with Critical Care Outreach Team, and have successfully passed examinations.

Patient Description / Population
Adult Patients over 18. Patients who present with a recent history of exposure to a probable allergen and demonstrate signs and symptoms of a severe life-threatening anaphylactic reaction such as rash, hives, shortness of breath, nausea and vomiting.

Medical Directive Description/Physician’s Order
1. Manage the airway including support of oxygenation and ventilation.
2. Oxygen therapy as required to maintain oxygen saturation above 92%, COPD 88-92%
3. Monitoring including cardiac, blood pressure and pulse oximetry
4. **Immediately stop/discontinue offending agent**
5. Vital signs including temperature q 5 min – 30 min and PRN
6. Review patient history and diagnosis
7. Stat POC or i-Stat ABG (pH, pO2 and pCO2)
8. Stat Blood Work (CBC, electrolytes, glucose, urea, creatinine, Magnesium, Phosphorus, Corrected calcium)
9. Portable Chest X-ray – upright if possible: for shortness of breath
10. Insert a large (18 if possible) gauge IV
11. Intraosseous access may be attained when it is a very unstable, life threatening situation and when IV access has not been successful after 2 attempts or 90 seconds of searching for a suitable vein
12. Administer diphenhydramine (Benadryl) 50 mg IM/IV x 1 dose
13. **Severe allergic reaction:** If patient is in respiratory distress, has audible stridor, or is hypotensive (SBP less than 90) administer 0.3 mL (0.3mg) epinephrine 1:1000 IM. This may be repeated for one additional dose in 10 -15 minutes if remains in respiratory distress or hypotension (SBP less than 90)

14. If systolic blood pressure is less 90mmHg or a drop in systolic BP greater than 20 mmHg from patient’s baseline or a Mean Arterial Pressure (MAP) of less than 65 mmHg, initiate a fluid crystalloid solution (Ringers Lactate or Plasma Lyte) challenge (250mL in 5 minutes) and may repeat q 5 minutes to maximum of 1 litre if chest remains clear on auscultation

**Specific conditions/circumstances that must be met before the Directive can be implemented**

- The patient must have a history of exposure to a probable allergen.
- Each intervention will be explained to the patient and/or family when possible.
Contraindications to the implementation of the Directive

- Patient refuses therapy.
- Patient is incapable of cooperating with the procedures.
- Allergy to Diphenhydramine

Identify relevant Delegated Control Act or Added Skill associated with this Directive

Administering a substance by injection or inhalation.
Performing a procedure below the dermis:
  - IV Insertion Certification
  - IO Insertion Certification

Documentation requirements

- Implementation of the Medical Directive must be documented on the chart under physician orders.
- Vital signs pre and q15 to 30 minutes post medication.
- Response to medications administered must be documented in the CCOT note.

Review/Evaluation Process (how often/by who)
Every 2 years by Medical Department - Emergency Medicine and Critical Care Council.

Related Documents


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References

1. Garrard, C, Young, D. Suboptimal care of patients before admission to an Intensive care unit caused by a failure to appreciate or supply the ABCs of life support. BJM 1998; 316:1841-1842.


20. Faculty of Medicine, Liverpool Health Science, Liverpool, Australia. Medical Emergency Team, 2005, pg. 1-3.


