



<h1>NYC REMAC</h1>			
Advisory No.	2010-04		
Title:	Epinephrine Auto-Injector: Adult & Pediatric Doses		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City has clarified the following regional prehospital treatment and transport protocols:

- BLS Protocol 407 – Wheezing
- BLS Protocol 410 – Anaphylactic Reaction

The protocols have been updated to clarify the adult and pediatric doses of epinephrine.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Lewis W. Marshall, Jr., MD, JD
Chair, Regional Emergency Medical Advisory Committee of New York City

WHEEZING

For patients over one (1) year of age who are experiencing exacerbation of asthma or wheezing.

1. Assess the airway
2. Administer oxygen
3. Monitor breathing

NOTE: IF PATIENT EXHIBITS SIGNS OF IMMINENT RESPIRATORY FAILURE, REFER TO PROTOCOL #401 – ADULT RESPIRATORY DISTRESS/FAILURE OR #450 – PEDIATRIC RESPIRATORY DISTRESS/FAILURE.

4. Do not permit physical activity
5. Place the patient in a Fowler's or Semi-Fowler's position
6. Assess the following prior to administration of the first nebulized treatment:
 - Vital signs
 - Patient's ability to speak in complete sentences
 - Accessory muscle use
 - Wheezing
7. **Administer Albuterol Sulfate 0.083%, one (1) unit dose or 3 cc via nebulizer at a flow rate that will deliver the solution over 5 minutes to 15 minutes. Do not delay transport to complete medication administration.**
8. Begin transport.

NOTE: FOR PATIENTS IN SEVERE RESPIRATORY DISTRESS, CALL FOR ADVANCED LIFE SUPPORT ASSISTANCE. DO NOT DELAY TRANSPORT.

9. If symptoms persist, Albuterol Sulfate 0.083% may be repeated twice for a total of three (3) doses, with the third occurring during transport.
10. If the patient is having severe respiratory distress or shock and is under 33 years of age, administer **0.3 mg** Epinephrine (ONE DOSE ONLY) via an auto-injector.

NOTE: PATIENTS 9 YEARS OF AGE AND OLDER OR WEIGHING MORE THAN 30KG (66 LBS) USE ADULT EPI-AUTO INJECTOR (0.3 MG); PATIENTS YOUNGER THAN 9 YEARS OF AGE OR WEIGHING LESS THAN 30KG (66 LBS) USE PEDIATRIC EPI-AUTO INJECTOR (0.15 MG). ADMINISTRATION OF EPINEPHRINE VIA AUTO-INJECTOR MUST BE REPORTED TO ~~ON-LINE MEDICAL CONTROL AND~~ YOUR AGENCY'S MEDICAL DIRECTOR AS SOON AS POSSIBLE

11. Contact On-Line Medical Control for authorization to administer a second dose of **0.3 mg** Epinephrine via an auto-injector, if needed.
12. Upon completion of patient treatment or transfer of patient care to an ALS Provider or a 911 Receiving Hospital, reassess the patient. See Step # 6.

NOTE: MEDICAL CONTROL MUST BE CONTACTED FOR ANY PATIENT REFUSING MEDICAL ASSISTANCE OR TRANSPORT.

ANAPHYLACTIC REACTION

NOTE: ANAPHYLAXIS CAN BE A POTENTIALLY LIFE THREATENING SITUATION MOST OFTEN ASSOCIATED WITH A HISTORY OF EXPOSURE TO AN INCITING AGENT/ALLERGEN (BEE STING OR OTHER INSECT VENOM, MEDICATIONS/DRUGS, OR FOODS SUCH AS PEANUTS, SEAFOOD, ETC.). THE PRESENCE OF RESPIRATORY DISTRESS (UPPER AIRWAY OBSTRUCTION [STRIDOR], SEVERE BRONCHOSPASM [WHEEZING]) AND/OR CARDIOVASCULAR COLLAPSE/HYPOTENSIVE SHOCK CHARACTERIZE THE CLINICAL FINDINGS THAT AUTHORIZE AND REQUIRE TREATMENT ACCORDING TO THIS PROTOCOL. **PATIENTS 9 YEARS OF AGE AND OLDER OR WEIGHING MORE THAN 30KG (66 LBS) USE ADULT EPI-AUTO INJECTOR (0.3 MG); PATIENTS YOUNGER THAN 9 YEARS OF AGE OR WEIGHING LESS THAN 30KG (66 LBS) USE PEDIATRIC EPI-AUTO INJECTOR (0.15 MG)** ~~THIS PROTOCOL APPLIES TO PATIENTS 9 YEARS OF AGE OR OLDER, OR PATIENTS WEIGHING MORE THAN 30 KG (66 LBS).~~

1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reaction and/or recent exposure to an allergen or inciting agent.
2. Request Advanced Life Support assistance, if available. Do NOT delay transport.
3. Administer high concentration oxygen.
4. Assess the cardiac and respiratory status of the patient.
 - a. If both the cardiac and respiratory status of the patient are normal, initiate transport.
 - b. If either the cardiac or respiratory status of the patient is abnormal, proceed as follows:
 - i. If the patient is having severe respiratory distress or shock and has been prescribed an Epinephrine auto-injector, assist the patient in administering the Epinephrine (**0.3 mg** via an auto-injector). If the patient's auto-injector is not available or expired administer the Epinephrine (**0.3 mg** via an auto-injector).
 - ii. If the patient has not been prescribed an Epinephrine auto-injector and is under 33 years of age, administer **0.3 mg** Epinephrine (ONE DOSE ONLY) via an auto-injector.

NOTE: ADMINISTRATION OF EPINEPHRINE VIA AUTO-INJECTOR MUST BE REPORTED TO ~~ON-LINE MEDICAL CONTROL AND~~ YOUR AGENCY'S MEDICAL DIRECTOR AS SOON AS POSSIBLE

- iii. Contact On-Line Medical Control for authorization to administer a second dose administration of **0.3 mg** Epinephrine via an auto-injector, if needed.
 - iv. Refer immediately to the REMAC Prehospital Treatment Protocol for Respiratory Distress/Failure (#401), Obstructed Airway (#402), or Shock (#415) as appropriate.
5. If cardiac arrest occurs, refer immediately to the REMAC Prehospital Treatment Protocol for Non-Traumatic Cardiac Arrest (#403).

MANDATORY QUALITY ASSURANCE COMPONENT: FOR EVERY ADMINISTRATION OF EPINEPHRINE VIA AUTO-INJECTOR, THE ACR/PCR DOCUMENTATION MUST BE REVIEWED BY THE SERVICE MEDICAL DIRECTOR, WHO IS THEN RESPONSIBLE FOR FORWARDING A COPY OF THE ACR/PCR TO THE NYC REMAC FOR SYSTEM-WIDE QA PURPOSES. FOR THE PURPOSES OF PATIENT CONFIDENTIALITY, COPIES OF THE PCR/ACR CAN BE MAILED TO: THE REGIONAL EMS COUNCIL OF NYC, 475 RIVERSIDE DRIVE, SUITE 1929, NEW YORK, NEW YORK 10115. PLEASE LABEL THE ENVELOPE "CONFIDENTIAL QA".