

## Assessment and Emergency Care of Immunologic Emergencies

### Scene Size-up

#### Scene Safety

Ensure scene safety and address hazards. Consider the number of patients, the need for additional help/ALS, and cervical spine stabilization. Standard precautions should include a minimum of gloves and eye protection.

#### Mechanism of Injury/Nature of Illness

Determine the mechanism of injury (MOI)/nature of illness (NOI).

### Primary Assessment

#### Form a General Impression

Determine level of consciousness, and perform a rapid scan to find and treat any immediate threats to life. Determine priority of care based on the ABCs. If the patient appears anxious or fears death, call for ALS assistance.

#### Airway and Breathing

Ensure patent airway. Provide high-flow oxygen at 15 L/min. If possible, place in a tripod position and evaluate depth and rate of the respiratory cycle and provide ventilatory support as needed.

#### Circulation

Evaluate pulse rate and quality; observe skin color, temperature, and condition, and treat accordingly.

#### Transport Decision

Rapid transport.

### History Taking

#### Investigate Chief Complaint

Investigate the chief complaint (history of present illness). Identify signs and symptoms and pertinent negatives. Ask SAMPLE questions and determine if patient has a prescribed auto-injector(s)/inhaler. Be sure to ask if and what interventions were taken before your arrival, how many interventions were performed, and at what time.

**NOTE:** The order of the steps in this section differs depending on whether the patient is conscious or unconscious. The following order is for a conscious patient. For an unconscious patient, perform a primary assessment, perform a full-body scan, obtain vital signs, and, if possible, obtain the past medical history before transport.

## Assessment and Emergency Care of Immunologic Emergencies, continued

### Secondary Assessment

#### Physical Examinations

Perform a systematic assessment of the patient, focusing on the respiratory drive, adequate ventilation, the adequacy and effectiveness of the circulatory system, and the patient's mental status.

#### Vital Signs

Take vital signs, noting skin color and temperature as well as patient's level of consciousness. Use pulse oximetry, if available, to assess the patient's perfusion status.

### Reassessment

#### Interventions

Repeat the primary assessment and reassess interventions performed. Reassess vital signs and the chief complaint. Support the patient as needed. Consider the use of oxygen, positive-pressure ventilations, adjuncts, and proper positioning of the patient. Assist with the use of auto-injector(s) or inhaler as defined by local protocols.

#### Communication and Documentation

Contact medical control with a radio report. In some cases, per standing orders, you may treat the patient with epinephrine. In other cases you will need to contact medical control for direction. Follow local protocols. Be sure to document any changes in patient status and the time. Document the reasoning for your treatment and the patient's response.

**NOTE:** Although the steps below are widely accepted, be sure to consult and follow your local protocols.

### Allergic Reactions

#### Using an Auto-injector

1. Remove the auto-injector's safety cap, and quickly wipe the thigh with antiseptic.
2. Place the tip of the auto-injector against the lateral part of the thigh.
3. Push the auto-injector firmly against the thigh, and hold it in place until all the medication is injected (about 10 seconds).

#### Using Twinject

1. Remove the injector from the container.
2. Clean the administration site with an alcohol preparation. Pull off green cap "1" to expose a round red tip. Do not cover the rounded tip with your hand.
3. Pull off green cap "2."
4. Place the round red tip against the lateral part of the thigh. The injection can be administered outside of clothing if necessary. Once the needle has entered the skin, press hard for 10 seconds.
5. Remove the Twinject. Check to see whether the needle is visible. If the needle is *not* visible, the dose was not administered and all the steps should be repeated.
6. If symptoms recur or have not improved within 10 minutes, repeat the dose. Carefully unscrew and remove the red tip. Hold the blue plastic, pulling the syringe out of the barrel without touching the needle. Slide the yellow collar off the plunger without pulling on the plunger.
7. Insert the needle into the skin on the lateral part of the thigh and push the plunger down.