

# ED OBSERVATION UNIT: ANAPHYLAXIS AND ANGIOEDEMA PROTOCOL

## NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients.*

<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<ul style="list-style-type: none"> <li>• Local skin eruptions</li> <li>• Able to speak in full sentences</li> <li>• Administration of subcutaneous epinephrine</li> <li>• No signs of respiratory distress</li> </ul>	<ul style="list-style-type: none"> <li>• O2 saturation less than <math>\leq 90\%</math></li> <li>• Stridor or other evidence of acute or impending airway compromise</li> <li>• EKG changes (if done)</li> <li>• Clinical suspicion or scope evidence of deep airway involvement</li> <li>• High risk features for severe/biphasic anaphylaxis: initial severe presentation (e.g. high epinephrine requirement), beta-blocker use, nut allergies, asthma, young age</li> </ul>

<b>INTERVENTIONS</b>	<b>OPTIONAL INTERVENTIONS</b>
<ul style="list-style-type: none"> <li>• Cardiac monitor and oxygen saturation monitoring</li> <li>• IV Fluids as needed</li> <li>• Antihistamines</li> <li>• Corticosteroids (IV, PO)</li> <li>• Patient education</li> </ul>	<ul style="list-style-type: none"> <li>• Supplemental oxygen</li> <li>• Albuterol +/- ipratropium</li> <li>• Chest X-ray Imaging</li> <li>• Epinephrine auto-injector teaching and prescription</li> </ul>

<b>DISPOSITION</b>	
<b>Home:</b> <ul style="list-style-type: none"> <li>• Resolution or improvement in local skin irritations and/or respiratory function</li> </ul>	<b>Admission:</b> <ul style="list-style-type: none"> <li>• Significant respiratory symptoms persist</li> <li>• Delayed reaction or reoccurrence</li> <li>• Does not meet discharge criteria after observation period</li> </ul>

Last updated 7/1/2019

Revised by T. Ahmad MD, R. Balakrishnan MD, A. Cai, MD, and S. Brewster MD

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### **Sources**

1. Sampson HA, Muñoz-Furlong A, Campbell RL, et al. Second symposium on the definition and management of anaphylaxis: summary report--second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. Ann Emerg Med 2006;47(4):373–80.
2. Moellman JJ, Bernstein JA, Lindsell C, et al. A consensus parameter for the evaluation and management of angioedema in the emergency department. Acad Emerg Med 2014;21(4):469–84.
3. Singer E, Zodda D. Allergy And Anaphylaxis: Principles Of Acute Emergency Management. Emerg Med Pract 2015;17(8):1–19; quiz 20.

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