

ED OBSERVATION UNIT: ANAPHYLAXIS AND ANGIOEDEMA PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> • Local skin eruptions • Clinical impression of angioedema or anaphylaxis • Able to speak in full sentences • Administration of subcutaneous epinephrine 	<ul style="list-style-type: none"> • EKG changes (if done) • Clinical suspicion or fiberoptic scope evidence of deep airway involvement • High risk features for severe/biphasic anaphylaxis: initial severe presentation • Beta-blocker use, nut allergies, asthma, young age) • Requirement for repeat administration of SC epinephrine • Requirement for continuous IV epinephrine • Respiratory distress <ul style="list-style-type: none"> ◦ SaO₂ < 90% (on room air) ◦ Tachypnea ◦ Stridor or other evidence of impending airway compromise

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

DISPOSITION

Last updated 9/10/2020

Reviewed by D Warshaw MD, R. Allen MD, E. Madden MD, R. Balakrishnan MD, S. Brewster MD

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Home:

- Resolution or improvement in local skin irritations and/or respiratory function

Admission:

- Significant respiratory symptoms persist
- Delayed reaction or reoccurrence
- Does not meet discharge criteria after observation period

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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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