

# Inhalant Scenario

29 year old male known to be allergic to shellfish attends a bachelor party at a seafood restaurant. He knows he is allergic to shellfish so he is not going to eat any, he will get a burger later. After a couple of drinks the party is served grilled shrimp. Immediately he begins wheezing and coughing. His inhaler fails to work. He collapses.

## Covers:

Food inhalation, latex and anesthesia

## Symptoms:

- Itching of the eyes nose & mouth
- Throat tightening & itching
- Acute wheezing and cough, cyanosis or pallor
- Vascular collapse
- Lacks immediate skin itching

## “Pearls”:

- Rare
- Associated with inhaling food antigens, specifically fish & crustaceans (seafood), latex, anesthesia
- Exceedingly rare to mold, cat, mite, pollen
- Alcohol ingestion increases the risk of exposure
- In patients with a lot of fat tissue the needle may not be long enough to reach the muscle, so a longer needle may need to be employed or pressing very hard while injecting

## Intervention:

- Epinephrine 1-1000 0.3-0.5 ml/kg immediately (.01 ml/kg) May repeat every 5 minutes
- Volume support
- Oxygen
- Bronchodilators
- If patient can not be stabilized, continue with CPR & ACLS recommendations
- Be careful if the patient is obese
- If you cannot tell, intervention is the same regardless of the trigger