

Injection Scenario

34 year old female who is at a summer picnic in August. She is in brightly colored clothing and is cleaning up after the picnic with her kids. She thinks she might have gotten stung when symptoms of itching all over and feeling faint occur.

Covers:

Vaccination, biologic modifiers, chemotherapy, insect sting, drugs, radiopaque dyes, seminal fluids, allergy shots

Symptoms:

- Local itching, progressing to generalized itching rapidly
- Acute wheezing and cough, cyanosis or pallor
- Throat tightening & itching
- Vascular collapse

“Pearls”:

- Local itching
- Usually the most rapid to vascular collapse
- Pulmonary symptoms and vascular collapse are almost instantaneous and coincident
- Of patients diagnosed anaphylaxis; 10% see an allergist to determine the exact cause, 25% actually get an epipen
- 98% of patients with life threatening anaphylaxis to venom have had a previous systemic reaction
- 10% of people with anaphylaxis to stings have an underlying mast cell disorder
- 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 cannot 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