



FR / EMR Scope of Practice Update Scenario: Anaphylaxis

Scene Survey	
Hazards	None
Environment	School field
Mechanism of Injury	The patient was stung by a bee while diving in the grass to catch a frisbee.
Patients (#)	One
Additional Resources	Fire department first responders have arrived on scene with you.
PPE / General Impression	The patient is lying supine on the grass, covered in a rash and hives. If asked, the patient “left their EpiPen® at home”.
Primary Survey	
LOC (AVPU)	The patient’s eyes are open, and they look at you as you approach.
Delicate Spine / SMR	Rule out with questioning.
ABCs: <ul style="list-style-type: none"> Airway Breathing Circulation 	<p>The patient is talking in short 3- to 4-word sentences, stating their throat feels tight.</p> <p>Breathing is shallow and rapid.</p> <p>Radial pulses are absent. Carotid pulse is weak and rapid.</p>
RBS	A rash and hives are visible on the skin. The bee sting site is visible on the back of the left hand. The patient complains of feeling itchy.
Skin	Cold, pale, and clammy
O ₂	Apply the SpO₂ monitor and oxygen – 15lpm via NRFM.
Airway	Patient is maintaining their own airway.
Position	Maintain supine positioning due to shock concerns.
Bandage & Blanket	Not needed
Transport Decision	
Stable or Unstable?	Unstable. If EMR: Direct a partner to prep egress/transport while you continue with your assessment.
Secondary Survey	
History/Interview: <ul style="list-style-type: none"> Onset – The patient has no pain. Provoke – Quality – Region/Radiation – Severity – Time – 	<ul style="list-style-type: none"> Signs and Symptoms – Anaphylaxis Allergies – Bees (1 previous episode) Medications – EpiPen® (not with patient) Past Medical History – Otherwise healthy Last Oral Intake – 2 hours earlier Events – The patient was stung by a bee while diving in the grass to catch a frisbee.

Baseline Vital Signs: <ul style="list-style-type: none"> • LOC (GCS) • Blood Pressure • Respirations • SpO₂ • Pulse • Skin • Pupils • Blood Glucose • Temperature 	<ul style="list-style-type: none"> • A on AVPU (FR). GCS 456 = 15/15 (EMR) • 80/52 • 24. Shallow, but effective • 97% on 15lpm • 104, weak and rapid (felt at the carotid only) • Cool, pale, clammy • 4 x 4, equal and reactive • Not applicable • Not applicable
Administer 1st dose of epinephrine FOR FR: FOR EMR:	Administer epinephrine via auto-injector (following the steps listed on the Epinephrine Auto-Injector Checklist). Continue with assessment and treatment on scene while waiting for transportation. Complete transport after 1st dose, and then continue with assessment and treatment while en route to the hospital. Notify hospital.
Head to Toe: <ul style="list-style-type: none"> • Head • Neck • Chest • Lung Sounds(EMR) • Abdomen • Back • Pelvis • Lower Extremities • Upper Extremities 	<ul style="list-style-type: none"> • Hives. Rash. Itchiness noted wherever skin is exposed. • Trachea is midline. No JVD noted. Patient states "throat feels tight". • No injuries noted. • Clear, equal air entry bilaterally from apex to bases. • Soft x 4. No rigidity or guarding noted. • No injuries noted. • Stable. • No injuries noted. Absent peripheral pulses in each limb. • No injuries noted. Absent peripheral pulses in each limb.
Ongoing Exam and Treatments	
Vitals Signs	Re-assess vital signs every 5 minutes (unstable patient).
Treatments	Repeat epinephrine administration after 5 minutes if the patient is still unstable, to a maximum of 3 doses. Ensure vital signs are re-assessed prior to each dose.
Hospital Report	Name, Age, Gender, C/C, HxC/C, PmHx, Rx, Allergies, Vital Signs, Physical Findings, Protocols / Treatments and Results.