SYMPTOMS
Difficulty breathing
Abdominal discomfort
Anxiety

SIGNS
Pallor (pale color)
Sweating
Difficulty breathing
Low blood pressure
Rapid pulse
Wheezing

WARNING
Symptoms may follow exposure to any substance to which an individual has become allergic, including substances to which the crewmember has never had a previous reaction. Severe reaction with development of shock possible. Refer to {SHOCK - CIRCULATORY COLLAPSE - EMERGENCY} (SODF: ISS MED: EMERGENCY).

TREATMENT
1. Do not delay emergency medication and contact Surgeon if possible.
2. **EMERGENCY MEDICATION**

Loading Tubex Injector:

1. Thread plunger rod into cartridge.
2. Tighten ribbed collar over cartridge.
3. When finished with medication, dispose of cartridge in Sharps Container (ALSP-8).

**WARNING**

If known exposure to hydrocarbons, do not administer Epinephrine. Epinephrine sensitizes the myocardium; may lead to Ventricular Fibrillation.

*Epinephrine Injectable (Drug-11,12,13)*

Refer to *(CheCS MEDICATIONS LIST AND POSSIBLE SIDE EFFECTS)* (SODF: ISS MED: MED/SIDE EFFECTS - CHeCS).
Dose: Inject 0.3 cc subcutaneously. Refer to Intramuscular and Subcutaneous Injections pictures at bottom of page.

 Prednisolone - Injectable hormonal drug used for severe allergic reaction and choking.

Dose: Inject 1-2 cc’s intramuscularly

*Benadryl Injectable (Diphenhydramine) (Drug-14 --- 17)  
Refer to {CHeCS MEDICATIONS LIST AND POSSIBLE SIDE EFFECTS} (SODF: ISS MED: MED/SIDE EFFECTS - CHeCS).

Dose: Inject 1 cc intramuscularly.

-OR-

 Suprastin (Chloropyramine) - Injectable antihistamine drug used for severe allergic reaction

Dose: Inject 1 cc intramuscularly.

Intramuscular and Subcutaneous Injections

1. For subcutaneous injection, prepare injection site with Alcohol Pad and pinch loose skin between fingers.  
2. Insert Tubex needle through skin and inject desired amount of medication just beneath skin.

1. Prepare injection site with Alcohol Pad.  
2. Stabilize hand on arm and enter skin gently but rapidly perpendicular to surface, about 2-3cm depth.  
3. Withdraw the plunger slightly to look for blood return to ensure that the needle is not in a vessel. If so, withdraw and try again at different site.  
4. Inject the desired amount of medication.
3. If required, provide ventilatory support for severe respiratory distress. Refer to {CARDIOPULMONARY RESUSCITATION: CPR - VENTILATORY SUPPORT - EMERGENCY} (SODF: ISS MED: EMERGENCY).

4. Attach Pulse Oximeter (Assessment-1) to finger. Press \( \phi \) pb \( \rightarrow \) ON

**NOTE**
For errors and alarms, refer to {PULSE OXIMETER BATTERY CHANGEOUT} (SODF: MED OPS: MALFUNCTION: HMS).

5. Monitor and record vital signs every 5 minutes.

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<th>Time (minutes)</th>
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<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
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<tbody>
<tr>
<td>Pulse</td>
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<td>Respiratory Rate</td>
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<td>Blood Pressure (ALSP-4)</td>
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<tr>
<td>Pulse Oximeter (Assessment-1)</td>
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6. If no improvement in breathing or blood pressure in 5 minutes, repeat \*Epinephrine (Adrenaline) dose.

7. \*Epinephrine (Adrenaline) may be repeated again in 20 minutes if symptoms recur.

8. If blood pressure, pulse, are stable and wheezing persists, use \*Proventil Inhaler (Airway-20)

   Dose: Two puffs, may repeat in 1 hour, then two puffs every 4 hours

10. Administer IM steroids to prevent recurrence.

Prednisolone - Injectable steroid used for severe allergic reaction or inflammatory conditions

Dose: 1-2 ml’s 1 to 2 times/day
Give deep IM.

Possible side effects
- IM injection may cause local pain, erosions of the gastrointestinal tract, elevated blood pressure, psychic disturbances