

TO: All WREMAC EMT-CC and EMT-P Agencies  
Program Agencies

FROM: Brian Clemency, DO - Interim WREMAC Chairman

DATE: November 9, 2018

RE: Parenteral Diphenhydramine Shortage

Parenteral Diphenhydramine (Benadryl) has become that latest emergency drug to face a shortage. Multiple agencies in our region have reported an inability to obtain this medication. For the duration of this shortage, and in the future if the need should arise again, agencies may substitute parenteral Diphenhydramine with commercially available chewable Diphenhydramine tablets as described below. This is not intended to be a permanent solution. The WREMAC expects that agencies who utilize this substitution will continue to work diligently to obtain parenteral Diphenhydramine, and remove chewable Diphenhydramine from units as soon as parenteral Diphenhydramine can be obtained. This guidance can be utilized by EMT-CCs and EMT-Ps to replace Diphenhydramine for all indications allowed in the Collaborative Protocols.

This guidance represents a change in dosing and route of administration for an existing medication and does not represent a “New Medication” or “Alternate Medication” as described in DOH BEMS Policy Statement 13-04.

This guidance will expire or be reaffirmed by December 31, 2019.

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Medication:

Children’s Diphenhydramine (Benadryl) chewable 12.5mg per tablet (or a generic equivalent)

Minimum Stock:

8 tablets

Pediatric Weight Based Dosing:

≤ 10 kg: No standing order, call medical control for dosing and approval

> 10 kg to ≤ 20kg: 1 tablets (12.5mg) PO on standing order when indicated by protocol

> 20 kg to ≤ 30kg: 2 tablets (25mg) PO on standing order when indicated by protocol

> 30 kg to ≤ 45kg: 3 tablets (37.5mg) PO on standing order when indicated by protocol

> 45 kg: 4 tablets (50 mg) PO on standing order when indicated by protocol

Adult Dosing:

4 Tablets (50mg) PO on standing order when indicated by protocol

Key Consideration:

- Online Medical Control may authorize alternate dosing.
- For severe allergic reactions or true anaphylaxis parenteral epinephrine is the first line medication.
- Oral Diphenhydramine has a slower onset of action than parenteral Diphenhydramine.
- In certain clinical conditions (such as patients that cannot protect their own airway), administration of oral medication is contraindicated.