## **Nursing Care Management**

When an anaphylactic reaction is suspected, both immediate intervention and preparation for medical therapy are nursing responsibilities. Placing the child in a head-elevated position ensures ventilation, unless contraindicated by hypotension, to facilitate breathing and administer oxygen. If the child is not breathing, CPR is initiated and emergency medical services are summoned.

If the cause can be determined, measures are implemented to slow the spread of the offending substance. An IV infusion is established immediately. Emergency medications are given intravenously whenever possible; however, epinephrine may be given subcutaneously (see Emergency Treatment box). Vital signs and urinary output are monitored frequently. Medications are administered as prescribed, with regular assessment to monitor effectiveness and to detect signs of side effects of medication and fluid overload.

To prevent an anaphylactic reaction, parents are always asked about possible allergic responses to foods, latex, medications, and environmental conditions. These are displayed prominently on the patient's chart. The specific allergen is noted, as are the type and severity of the reaction. Parents are excellent historians, especially when the child has displayed a pronounced reaction to a substance. Drugs, including related drugs (e.g., penicillin, nafcillin), and other items, such as latex, that have produced a reaction previously are *never* used. If the child is allergic to insect venom, the family is instructed to purchase an emergency kit to be kept with the child at all times. Both the family and the child, if the child is old enough, are taught how to use the equipment. The patient should carry medical identification at all times.

## **Septic Shock**

Sepsis and septic shock are caused by infectious organisms. Normally, an infection triggers an inflammatory response in a local area, which results in vasodilation, increased capillary permeability, and eventually elimination of the infectious agent. The widespread activation and systemic release of inflammatory mediators is called the **systemic inflammatory response syndrome (SIRS)**. Box 23-15