## **■**Emergency Treatment

### Shock

#### Ventilation

Establish airway; be prepared for intubation.

Administer oxygen, usually 100% by mask.

#### Fluid Administration

Restore fluid volume as ordered.

## Cardiovascular Support

Administer vasopressors (epinephrine 1 : 1000, 0.01 mg/kg subcutaneously; maximum dose of 0.5 mg; may repeat if needed).

## **General Support**

Keep child flat with legs raised above level of heart.

Keep child warm and calm.

Throughout the intense activity, support for the family must not be overlooked. Someone should contact family members at frequent intervals to inform them about what is being done and whether there is any progress. Ideally, someone should remain with the parents to serve as a liaison between them and the intensive care team. However, this is not always feasible in such a critical situation. As soon as possible, the family should be allowed to see the child. A member of the clergy or a social worker may be called to help provide comfort and support.

# **Anaphylaxis**

Anaphylaxis is the acute clinical syndrome resulting from the interaction of an allergen and a patient who is hypersensitive to that allergen. When the antigen enters the circulatory system, a