

Pediatric Allergic Reaction



History

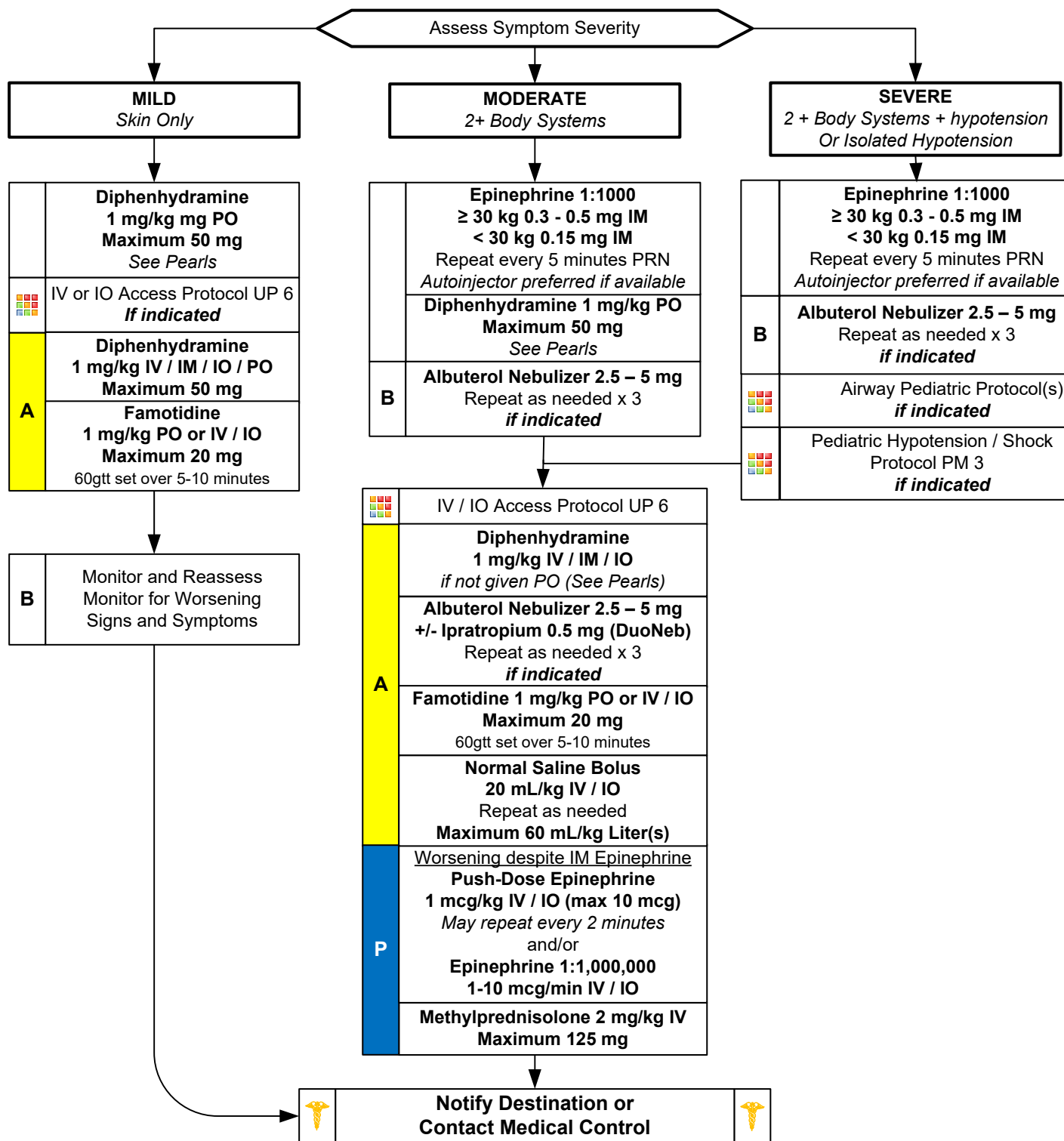
- * Onset and location
- * Insect sting or bite
- * Food allergy / exposure
- * Medication allergy / exposure
- * New clothing, soap, detergent
- * Past medical history / reactions
- * Medication history

Signs and Symptoms

- * Itching or hives
- * Coughing / wheezing or respiratory distress
- * Chest or throat constriction
- * Difficulty swallowing
- * Hypotension or shock
- * Edema

Differential

- * Urticaria (rash only)
- * Anaphylaxis (systemic effect)
- * Shock (vascular effect)
- * Angioedema (drug induced)
- * Aspiration / Airway obstruction
- * Vasovagal event
- * Asthma / COPD / CHF



Pediatric Allergic Reaction



Pearls

- * **Recommended Exam: Mental Status, Skin, Heart, Lungs**
- * **Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.**
- * **Epinephrine administration:**
Drug of choice and the FIRST drug that should be administered in acute anaphylaxis (Moderate/Severe Symptoms.)
IM Epinephrine should be administered in priority before or during attempts at IV or IO access.
- * **Diphenhydramine and steroid administration:**
Diphenhydramine/steroids have no proven utility in Moderate/Severe anaphylaxis.
Diphenhydramine/steroids should NOT delay repeated Epinephrine administration.
In Moderate and Severe anaphylaxis Diphenhydramine may decrease mental status.
Diphenhydramine should NOT be given to a patient with decreased mental status and/or a hypotensive patient as this may cause nausea and / or vomiting.
- * **Anaphylaxis unresponsive to repeat doses of IM epinephrine may require IV epinephrine administration by IV push or epinephrine infusion. Contact Medical Control for appropriate dosing.**
- * **Symptom Severity Classification:**
 - Mild symptoms:
Flushing, hives, itching, erythema with normal blood pressure and perfusion.
 - Moderate symptoms:
Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with normal blood pressure and perfusion.
 - Severe symptoms:
Flushing, hives, itching, erythema plus respiratory (wheezing, dyspnea, hypoxia) or gastrointestinal symptoms (nausea, vomiting, abdominal pain) with hypotension and poor perfusion.
- * **Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash / skin involvement.**
- * **Angioedema** is seen in moderate to severe reactions and is swelling involving the face, lips or airway structures. This can also be seen in patients taking blood pressure medications like Prinivil / Zestril (lisinopril)-typically end in -il.
- * **Hereditary Angioedema** involves swelling of the face, lips, airway structures, extremities, and may cause moderate to severe abdominal pain. Some patients are prescribed specific medications to aid in reversal of swelling. **Paramedic may assist or administer this medication per patient/ package instructions.**
- * **Fluids and Medication titrated to maintain a SBP >70 + (age in years x 2) mmHg.**
- * **Patients with moderate and severe reactions should receive a 12-Lead ECG and should be continually monitored, but this should NOT delay administration of epinephrine.**
- * **EMR/ EMT:**
The use of Epinephrine IM is limited to the treatment of anaphylaxis and may be given only by autoinjector, unless manual draw-up is approved by the Agency Medical Director and the NC office of EMS.
Administration of diphenhydramine is limited to the oral route only.
- * **EMT administration of beta-agonist is limited to only patients currently prescribed the medication, unless approved by the Agency Medical Director and the NC office of EMS.**
- * **The shorter the onset from exposure to symptoms the more severe the reaction.**