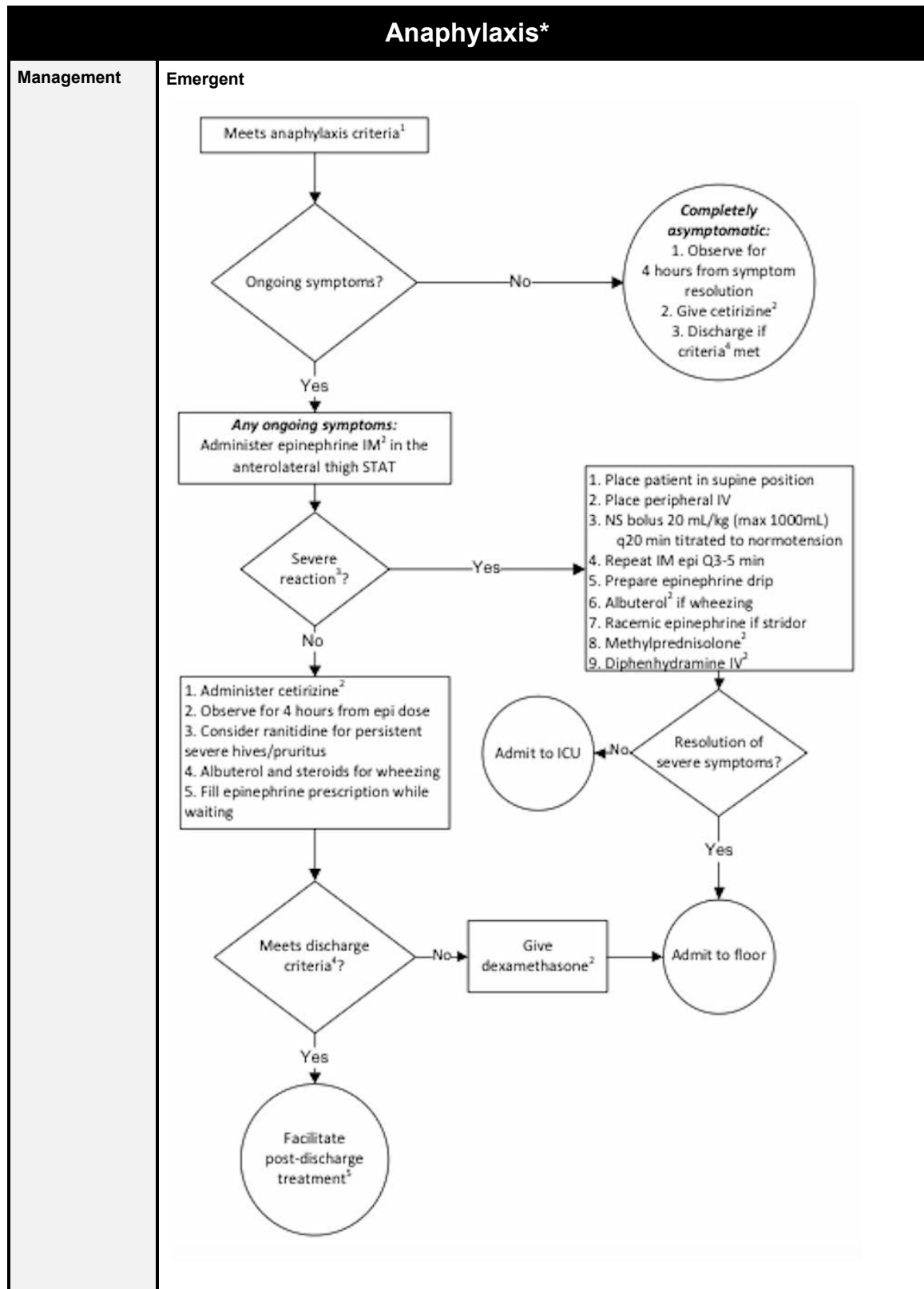


Anaphylaxis*	
Definition	<p>Acute, life threatening systemic HSR (min- hours) w/ $\geq 1/3$ of the following criteria:</p> <ul style="list-style-type: none"> • Hives plus another system: acute onset illness (mins- hours) involving skin, mucosa, or both, and ≥ 1 of the following: respiratory compromise, reduced BP or symptoms of end-organ dysfunction. • Two systems involved: ≥ 2 of the following must occur rapidly after exposure to a likely allergen (mins-hrs): skin-mucosal involvement, respiratory compromise, reduced BP or associated symptoms of end-organ dysfunction, persistent GI symptoms • Hypotension: reduced BP after exposure to known allergen (mins-hrs)
Allergens	Meds (B-lactams, ASA/NSAIDs), food, insects, cold/heat, exercise, latex
Clinical	<ul style="list-style-type: none"> • Skin involvement in 90%, respiratory in 70%, CV (hypotension) in 45%, GI in 45% • Monitor for biphasic reaction (4-23% occurrence)- sx recur w/i 10h (but up to 72h)
Severe Reaction	Hypotension w/ wide PP, AMS/confusion, syncope, cyanosis, dyspnea, hypoxia
Med Dosing	<ul style="list-style-type: none"> • Epinephrine IM (1 mg/mL) - 0.01 mg/kg (<10 kg), 0.15 mg/kg (10-25kg), 0.3 (>25 kg) • Cetirizine - 2.5 mg (6mo-2 yrs), 5 mg (2-5 yrs), 10 mg (≥ 6 yrs) • Diphenhydramine - 1 mg/kg IV/PO (max 50 mg) • Dexamethasone 0.6 mg/kg (max 16 mg) OR methylprednisolone 1 mg/kg (max 60) • Ranitidine - 2 mg/kg PO (max 150 mg) OR 1 mg/kg IV (max 60 mg)
ED Discharge Criteria	No hypotension, resolved wheezing, ≤ 2 doses of Epi
Post-discharge Treatment	3 days of Cetirizine daily, consider ranitidine, f/u with PCP/Allergy



Management of Anaphylaxis continued on next page →

Anaphylaxis*

Management

Inpatient

