Pediatric Allergic Reaction/Anaphylaxis

History

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

Signs and Symptoms - Mild

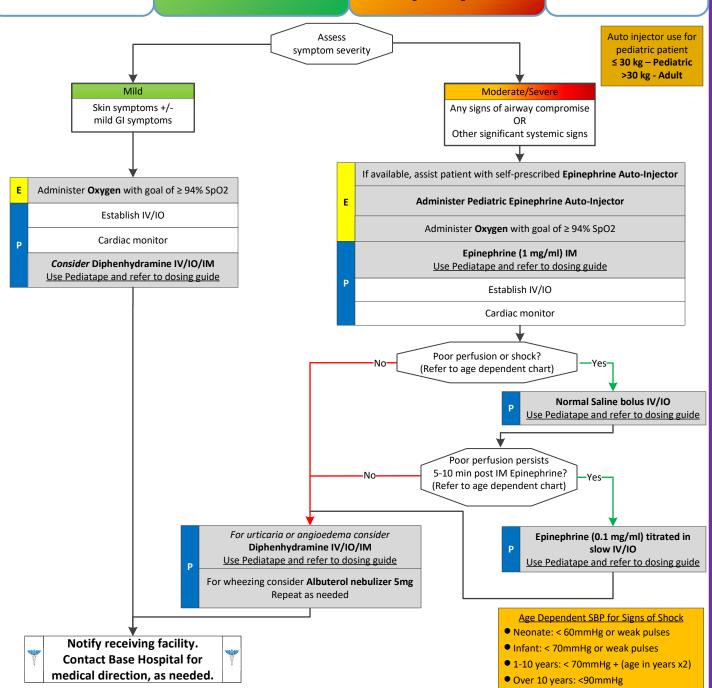
- Itching or hives
- Nausea or isolated vomiting
- Facial edema/swelling
- Mild abdominal cramps

Signs and Symptoms - Moderate/Sever

- Wheezing, stridor, respiratory distress
- Repetitive cough
- Throat/chest tightness/restriction
- Lightheadedness, syncope, hypotension, shock
- Repeated vomiting or severe abd cramps
- Throat swelling (edema) or moderatesevere tongue swelling

Differential

- · Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Angioedema
- Shock (vascular effect)
- Aspiration or airway obstruction
- Vasovagal event
- Asthma or COPD
- CHE





Treatment Guideline P02 HEALTH MEDICAL SERVICES

Pediatric Treatment Guidelines

Pediatric Allergic Reaction/Anaphylaxis

- All patients with respiratory symptoms must have continuous pulse oximetry and EtCO₂ measurement.
- Anaphylaxis unresponsive to repeat doses of IM Epinephrine may require IV Epinephrine administration. Contact the Base Hospital for refractory anaphylaxis.

Pearls

- Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.
- Epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis reactions with moderate or severe symptoms. IM Epinephrine should be administered as priority before or during attempts at IV or IO access.
- Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash or skin involvement.
- The shorter the onset of symptoms from contact with an allergen, generally the more severe the reaction.



