Pediatric Anaphylaxis

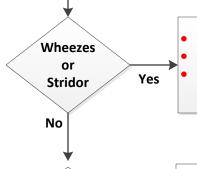
- ABCs
- Oxygen 100%, assist ventilations prn
- Intubate as needed see Pediatric Intubation protocol
- Start IV / IO (1)
- Monitor Cardiac rhythm, SPO2, ETCO2
- Decontaminate and / or remove allergens if appropriate

Signs and Symptoms of Anaphylaxis include:

- * Respiratory distress (laryngeal edema,
- laryngospasm, or bronchospasm
- * Hypotension
- * Hives, itching, or flushing

* Wheezes or stridor

- * Edema of lips, eyes, face and/ or tongue
- * Nausea, vomiting or diarrhea
- * Abdominal cramping
- * Chest tightness



SPB

appropiate for age

(1)

Yes

1: 1000 Epinephrine 0.01 mL/kg IM maximum of 0.5 mL (may repeat q 5 min x 3)

- Racemic epinephrine 0.5 mL inhaled
- Albuterol 2.5 mg for < 30 kg, 5 mg for > 30 kg for bronchospasm or wheezing repeated q 15 minutes if needed.

IV NS fluid bolus of 20 mL/ kg may repeat x 1

1: 1000 Epinephrine 0.01 mL/kg IM maximum of 0.5 mL (may repeat q 5 min x 3) 2 OR

1: 10,000 Epinephrine 0.01 mL/kg IV x 1 than an Epinephrine gtt at 0.1 mcg/kg/min.(3)

Benadryl 1 mg/kg IM/ IV/IO (maximum dose of 50 mg)

No

- Solu medrol 2 mg/kg IV/ IO
- Continue to montior cardiac rhythm, SPO2, ETCO2
- Keep Patient Warm
- Transport ASAP
- 1. IV fluids to maintain SBP appropriate for age: 2 x age in years + 80
- 2. The IM site of choice is the lateral aspect of the thigh due to its vascularity.
- 3. Increase drip rate gradually. Two (2) dilutions of epinephrine are available: 1:1,000 is appropriate for IM injections.
 - 1: 10,000 is for IV or ET use. Be sure to use the correct dilution.