

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9002.19
	PROGRAM DOCUMENT: Pediatric Allergic Reaction / Anaphylaxis	Initial Date:	04/25/95
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- To establish treatment standards in treating pediatric patients with signs and symptoms of allergic reaction and/or anaphylaxis.

Authority:

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9

Policy:

- Anaphylaxis is a suspected allergic reaction that involves two or more body systems (i.e., skin, respiratory, GI). Remember that allergic reactions may deteriorate into anaphylaxis-reassess often and be prepared to treat for anaphylaxis.

Protocol:

BLS

ALLERGIC REACTION:

- Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. Consider non-invasive ventilation.
- Airway adjuncts as needed.
- Remove the stinger/injection mechanism.

ANAPHYLAXIS:

- Administer Epinephrine auto-injector if needed:
 - 15-30kg Epinephrine Auto-Injector 0.15 mg IM. No repeat. Record the time of injection.
 - > 30kg Epinephrine Auto-Injector 0.3 mg IM. No repeat. Record the time of injection.
- Transport and begin therapy simultaneously.

ALS

ALLERGIC REACTION:

- Consider Diphenhydramine:
 - 1 mg/kg Per Oral (PO), IV/IO/IM to a maximum of 50 mg.
- Consider vascular access.
- Cardiac monitoring
- Reassess

ANAPHYLAXIS:

- Epinephrine:** 0.01 mg/kg of 1:1,000, Intramuscular (IM) to a maximum of 0.3 mg.

- Repeat every 15 min. to a maximum of three (3) doses until a minimal Systolic Blood Pressure (SBP) for the patient's age is reached or improvement of symptoms.
 - 2. Establish vascular access. If hypotensive, give 20 ml/kg bolus of NS and reassess after each bolus. Monitor and reassess.
 - 3. Cardiac Monitoring
 - 4. **Diphenhydramine:** 1 mg/kg IV, IO or IM, to a maximum of 50 mg.
 - 5. **Albuterol:** 2.5 mg (3 ml unit dose) Handheld Nebulizer (HHN) for wheezing. Reassess after the first treatment. May be repeated as needed based on reassessment.
- If there are no signs of improvement and the patient is in extremis (stridor, persistent hypotension, etc.), administer:
1. **Epinephrine:** 0.01 mg/ml (10mcg/ml) – 0.5-2 ml every (5-20 mcg) IV/IO every 2-5 minutes for stridor and hypotension. Titrate to a minimal systolic blood pressure (SBP) for patient's age, improvement of symptoms, or a total of 0.3 mg is given.
- NOTE: Monitor SBP while administering/titrating.

Cross Reference: PD# 8837 – Pediatric Airway Management
PD# 8829 – Noninvasive Ventilation (NIV)