



ALLERGIC REACTION/ANAPHYLAXIS - PEDIATRIC

ALS STANDING ORDERS: Allergic reactions may be mild to life threatening (termed anaphylaxis), treat based on the following assessment findings:

I. Allergic Reaction:

Allergic reaction with only rash or urticaria, and with stable vital signs and no history of anaphylaxis:

- Pulse oximetry: if room air oxygen saturation less than 95%, manage as anaphylaxis as described below.
- Transport to nearest appropriate ERC. ALS escort if history of anaphylaxis.

Allergic reaction limited only to facial/cervical angioedema:

- ▶ *Epinephrine 0.01 mg/kg IM lateral thigh area (1 mg/1 mL concentration) – one time (limit one time dose to maximum of 0.5 mg); HOLD if Epinephrine Auto-injector administered prior to arrival.*
- ▶ *Oxygen by mask (high flow), blow by technique, or nasal cannula (for blow by or nasal cannula provide 6 l/min flow rate) as tolerated.*
- ▶ *Diphenhydramine (Benadryl®) 1mg/kg IM/IV/IO once (limit one time dose to maximum of 50 mg or 1 mL of 50 mg/mL solution). Do not administer if diphenhydramine taken prior to arrival.*

- ALS escort to nearest appropriate ERC.

II. Anaphylaxis:

Anaphylactic reaction includes hypotension, wheezing, hypoxia (pulse oximetry less than 95% saturation), stridor, intra-oral swelling, gastrointestinal symptoms, and/or impending airway obstruction:

- ▶ *Epinephrine 0.01 mg/kg IM lateral thigh area (1 mg/1mL concentration). Maximum dose 0.5 mg. If Epinephrine Auto-injector administered prior to arrival, consider one dose of epinephrine has been provided.*
- ▶ *Oxygen by mask (high flow), blow by technique, or nasal cannula (for blow by or nasal cannula provide 6 l/min flow rate) as tolerated.*

- Establish IV/IO access. If hypotensive,

- ▶ *Infuse normal saline 20 mL/kg IV/IO bolus (maximum 250 mL) and make BH contact. May repeat twice for total of three boluses as a standing order.*

- If wheezing or hypoxic (initial room air pulse oximetry less than 95% saturation):

- ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*

- After initial IM epinephrine given as above, if after approximately 5 minutes there is continued hypotension, respiratory distress, or impending airway obstruction, consider administration of second dose of epinephrine by one of the following routes:

- ▶ *Epinephrine 0.01 mg/kg IM lateral thigh (1 mg/1 mL concentration), maximum single dose 0.5*

Approved:

Reviewed: 5/16; 8/18; 4/19; 8/19; 10/19; 9/22

Initial Release Date: 04/01/2023

Final Implementation Date: 10/01/2023



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL ALS STANDING ORDERS**

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Revised:11/22/2022

mg (0.5 mL)

OR

Epinephrine 0.01 mg/kg IV/IO (1 mg/10 ml concentration), maximum single dose 0.3 mg (3 mL)

- *Diphenhydramine (Benadryl®) 1mg/kg IM/IV/IO once (limit one time dose to maximum of 50 mg or 1 mL of 50 mg/mL solution). Do not administer if diphenhydramine taken prior to arrival.*

→ Contact Base Hospital (CCERC base preferred) and ALS escort as directed to CCERC or ERC.

Patients self-treated with Epi-Pen (epinephrine auto-injector) prior to EMS arrival:

Consider patient having received first epinephrine IM dose and follow above steps.

ALS escort to ERC or if appropriate, contact Base Hospital (CCERC base preferred) for further evaluation even when symptoms resolving.

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