

Treatment Protocols

Date: 07/01/2023

ANAPHYLAXIS /ALLERGIC REACTION - Pediatric

Policy #9040P

<p>Stable Blood pressure appropriate for age</p>	<p>Unstable Blood pressure low for age, and/or signs of poor perfusion or airway compromise</p>
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Pediatric BLS Standing Orders

<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate per Airway Policy • Continuous pulse oximetry, blood pressure monitoring prn • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p><u>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</u></p> <ul style="list-style-type: none"> • Administer epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM (> 30 kg or 66 lbs) ○ Child/Infant dose: 0.15 mg IM (15-30 kg or 33-66 lbs) ○ MR q5min as anaphylaxis symptoms persist 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate per Airway Policy • Continuous pulse oximetry, blood pressure monitoring prn • Assist ventilations with Bag Valve Mask (BVM) when airway is compromised • Remove allergen if known/possible <p><u>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</u></p> <ul style="list-style-type: none"> • Administer epinephrine auto-injector to lateral thigh or lateral upper extremity: <ul style="list-style-type: none"> ○ Adult dose: 0.3 mg IM (> 30 kg or 66 lbs) ○ Child/Infant dose: 0.15 mg IM (15-30 kg or 33-66 lbs) ○ MR q5min as anaphylaxis symptoms persist
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Pediatric LALS Standing Order Protocol

<ul style="list-style-type: none"> • Establish IV as needed • Capnography 	<ul style="list-style-type: none"> • Establish IV • Capnography <p><u>ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine (1:1,000) IM weight based • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR as anaphylaxis symptoms persist <p><u>RESPIRATORY INVOLVEMENT</u></p> <ul style="list-style-type: none"> • Albuterol - weight based via nebulizer x 3 SO <p><u>PERSISTENT ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine (1:1,000) per weight-based dosing IM, MR q5min as anaphylaxis symptoms persist
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Pediatric ALS Standing Order Protocol

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<ul style="list-style-type: none"> • Monitor/EKG prn • Establish IV/IO prn • Capnography <p><u>ALLERGIC REACTION</u> (Rash or urticaria, no other body systems involved)</p> <ul style="list-style-type: none"> • Diphenhydramine – dosing per chart slow IV/IM/IO 	<ul style="list-style-type: none"> • Monitor/EKG • IV/IO • Capnography <p><u>ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine should be prioritized <u>before</u> diphenhydramine or IV fluids for anaphylaxis or airway compromise. • Epinephrine (1:1,000) IM weight based dosing, MR q5min as anaphylaxis symptoms persist • Diphenhydramine – per dosing chart slow IV/IM/IO • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 q5min as anaphylaxis symptoms persist <p><u>RESPIRATORY INVOLVEMENT</u></p> <ul style="list-style-type: none"> • Albuterol weight-based via nebulizer x 3 SO • Ipratropium per dosing chart added to first dose of albuterol via nebulizer
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Pediatric Base Hospital Orders

	<ul style="list-style-type: none"> • BHP – Push dose epinephrine (1:10,000) • BH – Repeat albuterol
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Notes

<ul style="list-style-type: none"> • Anaphylaxis is a systemic hypersensitivity response to an allergen. Untreated, anaphylaxis is deadly. • Anaphylaxis is when two body systems appear to be involved in an allergic reaction. These include: <ul style="list-style-type: none"> ○ Skin changes, itching or redness ○ Nausea, vomiting or <u>abdominal pain</u> ○ Respiratory distress including wheezing, tachypnea or airway constriction ○ Significant acute edema or swelling ○ Swelling of lips, tongue, uvula, or airway • Treat as anaphylaxis with airway swelling or respiratory compromise, even when this is the “only” body system involved. • Typically repeat epinephrine dosing until airway or respiratory symptoms have improved. • Pediatric patients often present with abdominal pain, nausea or vomiting as their presenting anaphylaxis symptoms, along with another body system. • If a pediatric patient is adult sized, or greater than 30 kg, use the 0.3 mg EpiPen dosing, if unsure of weight, use the higher dose. • Push-dose epinephrine mixing instructions

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1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
 2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe
- The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director