

Treatment Protocols**Date: 07/01/2025*****ANAPHYLAXIS /ALLERGIC REACTION - Pediatric*****Policy #9040P**

Stable Blood pressure appropriate for age	Unstable Blood pressure low for age, and/or signs of poor perfusion or airway compromise
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 • Capnography • 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 • Capnography • 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
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>

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	<ul style="list-style-type: none"> Epinephrine (1:1,000) per weight-based dosing IM, MR q5min as anaphylaxis symptoms persist
Pediatric ALS Standing Order Protocol	
<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
Pediatric Base Hospital Orders	
	<ul style="list-style-type: none"> BHP – Push dose epinephrine (1:10,000) BH – Repeat albuterol
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. 	

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- 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**
 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 syringeThe mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration

APPROVED:

SIGNATURE ON FILE – 07/01/25

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