

**Treatment Protocols****Date: 07/01/2023*****ANAPHYLAXIS /ALLERGIC REACTION - Pediatric*****Policy #9040P**

<b>Stable</b> Blood pressure appropriate for age	<b>Unstable</b> Blood pressure low for age, and/or signs of poor perfusion or airway compromise
<b>Pediatric BLS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Ensure patent airway</li> <li>• Give oxygen and/or ventilate per <b>Airway Policy</b></li> <li>• Continuous pulse oximetry, blood pressure monitoring prn</li> <li>• Capnography</li> <li>• Assist ventilations with Bag Valve Mask (BVM) when airway is compromised</li> <li>• Remove allergen if known/possible</li> </ul> <p><b><u>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</u></b></p> <ul style="list-style-type: none"> <li>• Administer epinephrine auto-injector to lateral thigh or lateral upper extremity:               <ul style="list-style-type: none"> <li>○ Adult dose: 0.3 mg IM (&gt; 30 kg or 66 lbs)</li> <li>○ Child/Infant dose: 0.15 mg IM (15-30 kg or 33-66 lbs)</li> <li>○ <b>MR q5min as anaphylaxis symptoms persist</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Ensure patent airway</li> <li>• Give oxygen and/or ventilate per <b>Airway Policy</b></li> <li>• Continuous pulse oximetry, blood pressure monitoring prn</li> <li>• Capnography</li> <li>• Assist ventilations with Bag Valve Mask (BVM) when airway is compromised</li> <li>• Remove allergen if known/possible</li> </ul> <p><b><u>For respiratory distress, chest pain, lightheadedness, or more than two body systems are involved in suspected anaphylaxis or allergic reaction:</u></b></p> <ul style="list-style-type: none"> <li>• Administer epinephrine auto-injector to lateral thigh or lateral upper extremity:               <ul style="list-style-type: none"> <li>○ Adult dose: 0.3 mg IM (&gt; 30 kg or 66 lbs)</li> <li>○ Child/Infant dose: 0.15 mg IM (15-30 kg or 33-66 lbs)</li> <li>○ <b>MR q5min as anaphylaxis symptoms persist</b></li> </ul> </li> </ul>
<b>Pediatric LALS Standing Order Protocol</b>	
<ul style="list-style-type: none"> <li>• Establish IV as needed</li> <li>• Capnography</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV</li> <li>• Capnography</li> </ul> <p><b><u>ANAPHYLAXIS</u></b></p> <ul style="list-style-type: none"> <li>• Epinephrine (1:1,000) IM weight based</li> <li>• 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR <b>as anaphylaxis symptoms persist</b></li> </ul> <p><b><u>RESPIRATORY INVOLVEMENT</u></b></p> <ul style="list-style-type: none"> <li>• Albuterol - weight based via nebulizer x 3 SO</li> </ul> <p><b><u>PERSISTENT ANAPHYLAXIS</u></b></p>

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	<ul style="list-style-type: none"> <li>Epinephrine (1:1,000) per weight-based dosing IM, <b>MR q5min as anaphylaxis symptoms persist</b></li> </ul>
<b>Pediatric ALS Standing Order Protocol</b>	
<ul style="list-style-type: none"> <li>Monitor/EKG prn</li> <li>Establish IV/IO prn</li> <li>Capnography</li> </ul> <p><b><u>ALLERGIC REACTION</u></b> (Rash or urticaria, no other body systems involved)</p> <ul style="list-style-type: none"> <li>Diphenhydramine – dosing per chart slow IV/IM/IO</li> </ul>	<ul style="list-style-type: none"> <li>Monitor/EKG</li> <li>IV/IO</li> <li>Capnography</li> </ul> <p><b><u>ANAPHYLAXIS</u></b></p> <ul style="list-style-type: none"> <li>Epinephrine should be prioritized <u>before</u> diphenhydramine or IV fluids for anaphylaxis or airway compromise.</li> <li>Epinephrine (1:1,000) IM weight based dosing, <b>MR q5min as anaphylaxis symptoms persist</b></li> <li>Diphenhydramine – per dosing chart slow IV/IM/IO</li> <li>10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 <b>q5min as anaphylaxis symptoms persist</b></li> </ul> <p><b><u>RESPIRATORY INVOLVEMENT</u></b></p> <ul style="list-style-type: none"> <li>Albuterol weight-based via nebulizer x 3 SO</li> <li>Ipratropium per dosing chart added to first dose of albuterol via nebulizer</li> </ul>
<b>Pediatric Base Hospital Orders</b>	
	<ul style="list-style-type: none"> <li>BHP – Push dose epinephrine (1:10,000)</li> <li>BH – Repeat albuterol</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>Anaphylaxis is a systemic hypersensitivity response to an allergen. Untreated, anaphylaxis is deadly.</li> <li>Anaphylaxis is when two body systems appear to be involved in an allergic reaction. These include: <ul style="list-style-type: none"> <li>Skin changes, itching or redness</li> <li>Nausea, vomiting or <u>abdominal pain</u></li> <li>Respiratory distress including wheezing, tachypnea or airway constriction</li> <li>Significant acute edema or swelling</li> <li>Swelling of lips, tongue, uvula, or airway</li> </ul> </li> <li>Treat as anaphylaxis with airway swelling or respiratory compromise, even when this is the “only” body system involved.</li> <li>Typically repeat epinephrine dosing until airway or respiratory symptoms have improved.</li> </ul>	

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- 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**
  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

Katherine Staats, M.D. FACEP

EMS Medical Director