

Treatment Protocols

Date: 02/01/2021

ANAPHYLAXIS /ALLERGIC REACTION - Pediatric

Policy #9040P

Stable Blood pressure appropriate for age	Unstable Blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate per Airway Policy • Monitor O2 saturation – PRN • Monitor EtCO2 if ALS available - 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) ○ BH contact required for repeat dosing 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway • Give oxygen and/or ventilate per Airway Policy • Monitor O2 saturation • Monitor EtCO2 if ALS available • 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) ○ BH contact required for repeat dosing
Pediatric LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV as needed 	<ul style="list-style-type: none"> • Establish IV • IV NS 0.9% 20 mL/kg IV bolus; titrated to age-appropriate systolic BP <p><u>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</u></p> <ul style="list-style-type: none"> • Albuterol - 2.5 mg Nebulized • Epinephrine (1:1,000) - 0.15 mg IM <p><u>PERSISTENT ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Epinephrine (1:1,000) - weight based dosing IM may repeat x 2 q5minutes
Pediatric ALS Standing Order Protocol	
<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 IVP or IM/IO 	<p><u>ANAPHYLAXIS</u></p> <ul style="list-style-type: none"> • Diphenhydramine – dosing per chart slow IVP/IM/IO

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- BH – Repeat IV/IO bolus
- BHP – Push dose epinephrine

Notes

- 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:
 - Skin changes, itching or redness
 - Nausea, vomiting or abdominal pain
 - 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.

APPROVED:

Signature on File

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EMS Medical Director