

Pediatric Anaphylaxis

For anaphylaxis; includes systemic reactions that involves two or more symptoms

History

- Onset and location
- Insect sting or bite
- Food allergy/exposure
- Medication allergy/exposure
- New clothing, soap or detergent
- Past history of reactions
- Past medical history
- Medication history

Signs and Symptoms



- Itching or hives
- Coughing, wheezing or respiratory distress
- Chest or throat restriction
- Difficulty swallowing
- Hypotension or shock
- Edema
- Nausea or vomiting
- Feeling of impending doom

Differential

- Urticaria (rash only)
- Anaphylaxis (systemic effect)
- Shock (vascular effect)
- Angioedema (drug induced)
- Aspiration or airway obstruction
- Asthma

E	Assist patient or administer EpiPen Junior <i>if available</i>
P	Epinephrine 1:1,000 IM
	Establish IV/IO
	Cardiac monitor
	EtCO ₂ monitoring
	Diphenhydramine
	Albuterol or Albuterol MDI with spacer or Levalbuterol <i>Use length-based tape; refer to dosing guide</i>
	If age-dependent hypotensive Normal Saline bolus IV/IO May repeat x2
	If hypotensive or no improvement, Epinephrine 1:1,000 IM every 10 minutes until improved
<i>Consider, 12-Lead ECG</i>	



	Notify receiving facility. Consider Base Hospital for medical direction	
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Pearls

- Anaphylaxis is an acute and potentially lethal multisystem allergic reaction.
- Epinephrine is the drug of choice and the first drug that should be administered in acute anaphylactic reactions. IM Epinephrine should be administered as priority before or during attempts at IV or IO access.
- Anaphylaxis that is unresponsive to initial treatment of IM Epinephrine may require IV Epinephrine administration.
- Fluid bolus for patients demonstrating signs and symptoms of shock.
- Allergic reactions may occur with only respiratory and gastrointestinal symptoms and have no rash or skin involvement.
- Use an EpiPen (>30kg)/EpiPen Junior (15-30kg).
- All patients with respiratory symptoms must have continuous EtCO₂ measurement.

