

ALLERGIC REACTION – PEDIATRIC

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Information needed:

- History of exposure to allergens (bee stings, seafood, nuts), prior allergic reactions, prior asthma.
- Medications already administered for this event including Benadryl, Epi-pen, or inhalants.
- Utilize the Broselow Tape to measure length and then SMC Pediatric Reference Card for determination of drug dosages, fluid volumes, defibrillation/cardioversion joules and appropriate equipment sizes.

Objective Findings:

Mild Allergic Reaction

- Mild wheezing, bronchospasm
- Itching, rash, hives
- Nausea, weakness, anxiety
- Normal blood pressure for age

Treatment:

- Routine medical care
- EMT's and paramedics may help the patient administer their own medications
- Give diphenhydramine IV/IO/IM
- If wheezing, administer albuterol via nebulizer; may repeat

Severe Allergic Reaction

- Altered Mental Status
- Hypotension or signs of diminished perfusion
- Respiratory distress
- Stridor
- Wheezing, bronchospasm

Treatment:

- Routine medical care
- EMT's and paramedics may help the patient administer their own medications
- Epinephrine (1:1,000) IM. Epinephrine IM should be administered prior to attempting IV/IO access and may be repeated in 5 minutes if IV/IO

not yet established and patient is still in distress. For further doses, contact Pediatric Base Hospital Physician.

- Diphenhydramine IV/IO/IM
- Ensure airway patency. High flow oxygen by mask. Use a bag valve mask for decreased tidal volume or decreased level of consciousness
- If wheezing, administer albuterol via nebulizer; may repeat
- Pulse oximetry
- Shock position as indicated
- Cardiac monitor
- Establish IV/IO access
- Give IV/IO fluid bolus of NS for any signs hypoperfusion. Reassess. May repeat two times as indicated. Contact Pediatric Base Hospital Physician for additional fluid orders.
- Epinephrine (1:10,000) IV/IO, repeat every 5 minutes as level of distress indicates.

Precautions and Comments:

- Use caution when administering epinephrine ensuring that the proper concentration and dosage for route of administration is being utilized.
- Edema of any of the soft structures of the upper airway can severely compromise the pediatric patient's airway. Observe closely.