

PEDIATRIC – Allergic Reaction/Anaphylaxis

Indications:

Presence of hives, urticaria and itching indicates allergic reaction. The presence of shortness of breath, swelling to the airway, wheezing and/or hypotension indicates movement toward anaphylaxis.

1. ASSESS ABC's

- Open the airway
- Intubate, if necessary.
- Suction the airway as necessary

2. **OXYGEN** - High concentration by reservoir mask or assist ventilations with a BVM

3. ECG MONITOR

4. **IV ACCESS** - Lactated Ringer's – Establish rate appropriate to condition.

5. **DRAW BLOOD** – Determine glucose level

6. Administer **Diphenhydramine 1 mg/kg IVP (up to 25 mg)** for presence of hives and urticaria

7. Administer **Albuterol 2.5 mg with Ipratropium Bromide 0.5 mg mixed**, nebulized for wheezing. May repeat as needed for wheezing.

8. Administer **Methylprednisolone 2 mg/kg IVP**

9. **Transport the patient to the most appropriate hospital for patient condition.**

10. If **inadequate air passage** due to acute bronchoconstriction:

Administer **Epinephrine 0.01 mg/kg 1:1000 IM** for Dyspnea.

If life threatening anaphylaxis is present administer:

Epinephrine 0.01 mg/kg 1:10,000 IVP.

11. If **hypotensive**, administer fluid bolus as needed to maintain blood pressure > 100 systolic. Total dose not to exceed 20 ml/kg.

Note: Monitor patient closely, condition may deteriorate quickly. Reserve administration of Epinephrine for patients in anaphylaxis or deteriorating

into anaphylaxis. Closely monitor patients' cardiac status after administration of epinephrine.