



PEDIATRIC ALLERGIC REACTION / ANAPHYLAXIS

Effective: April 27, 2017
Replaces: June 2012
Review: April 27, 2022

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
 - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Treat for signs and symptom of shock as necessary **(700-P10)**
- 1.3. Place patient in a position that decreases work of breathing

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. **Vascular Access (IO)**, if patient is unconscious

3. Allergic Reaction (Rash, itching or swelling)

- 3.1. **Diphenhydramine 1mg/kg, IVP or IM**, max dose of 50mg
- 3.2. For wheezing and mild respiratory distress administer:
Albuterol 2.5mg in 3ml normal saline via nebulizer device

4. Anaphylaxis (Respiratory distress, difficulty swallowing, tightness to chest or throat)

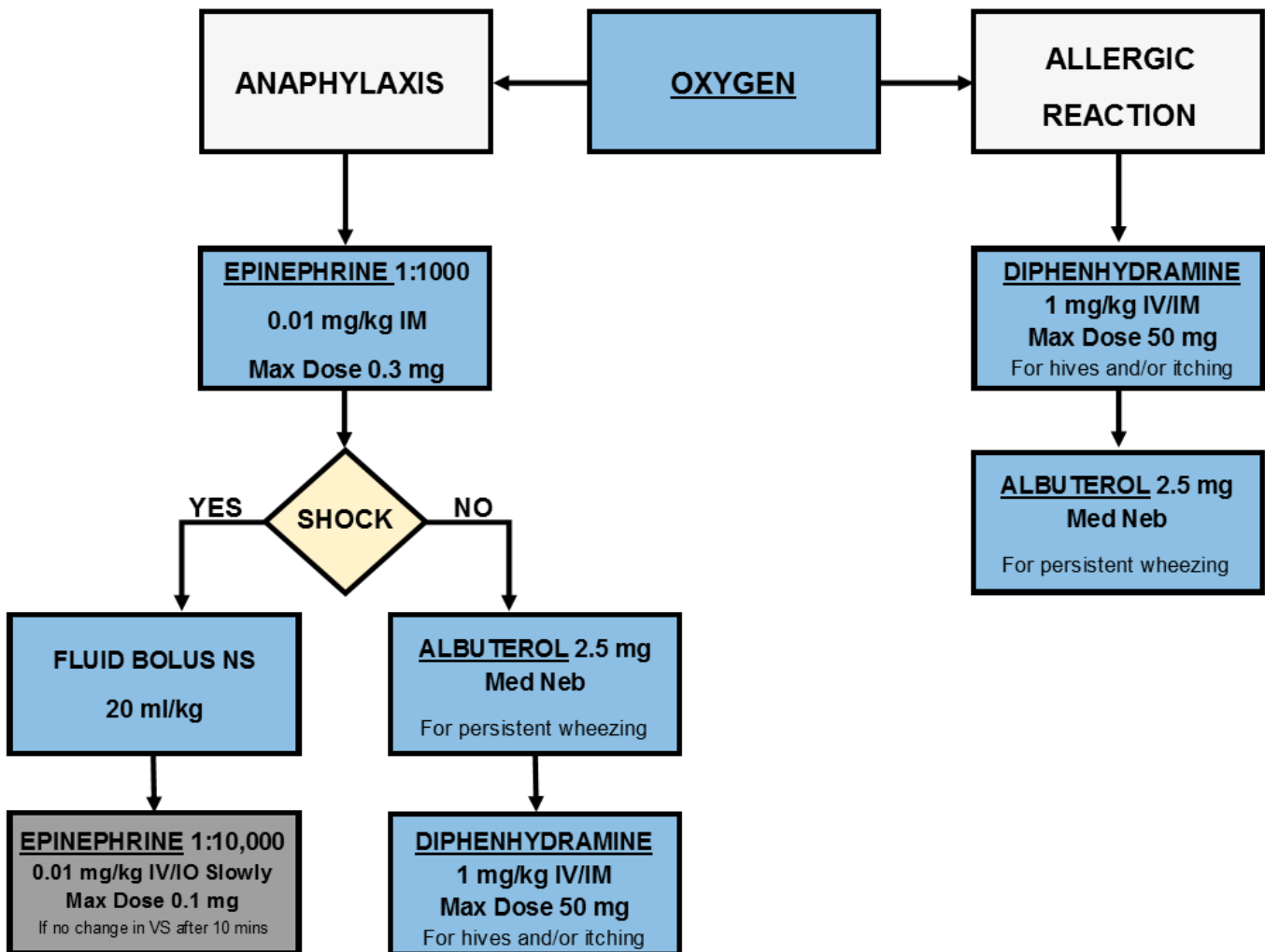
- 4.1. **Epinephrine (1:1,000) 0.01mg/kg IM**, may repeat every 10 minutes, max dose 0.3mg
- 4.2. For persistent wheezing and respiratory distress:
 - 4.2.1. **Albuterol 2.5 mg in 3ml normal saline** via nebulizer device or BVM
- 4.3. **Diphenhydramine 1mg/kg IV / IO / IM**, max dose 50mg, for hives and/or itching

5. Anaphylactic Shock

- 5.1. If signs of shock are present:
 - 5.1.1. **Epinephrine (1:1,000) 0.01mg/kg IM**, max single dose 0.3mg
 - 5.1.2. **20ml/kg Fluid bolus, IV / IO**, max of 250ml
- 5.2. If vital signs do not improve after 10 minutes post epinephrine and fluid bolus:
 - 5.2.1. **BASE CONTACT: Epinephrine (1:10,000) 0.01mg/kg Slow IV / IO**, max single dose 0.1mg



6. Pediatric Allergic Reaction / Anaphylaxis Treatment Flow Chart



Protocol # 700-P12