

PEDIATRIC ALLERGIC REACTION/ANAPHYLAXIS

UNIVERSAL ALGORITHM

- Identify and treat reversible causes
- Establish vascular access with IV NS in large proximal vein
- Utilize current Broselow tape
- Use adult protocols for patients > 34 kg

STABLE

UNSTABLE

OBSERVE/MONITOR

Rash/Itching:

- Consult base station

Dyspnea/Wheezing/Shock:

- **Albuterol** 2.5-5 mg via HHN/mask/BVM with adjunct over 5-10 min, repeat as needed
- **Epinephrine 1:1,000** 0.01 mg/kg **IM**, not to exceed 0.3 mg, may repeat every 5 min, not to exceed 3 doses
- **Diphenhydramine** 2 mg/kg IVP/IM, not to exceed 50 mg

Severe Shock/Extremis:

If the patient is in extremis and no IV access, administer:
Epinephrine 1:1,000 0.01 mg/kg **SL** injection, not to exceed 0.3 mg, may repeat every 5 min, not to exceed 3 doses

BASE PHYSICIAN ORDER ONLY

- **Diphenhydramine** 2 mg/kg IVP/IM for **stable** patient
- **Epinephrine 1:10,000** 0.01 mg/kg (0.1 ml/kg) slow IVP titrated, not to exceed 0.3 mg