



ALLERGIC REACTION/ANAPHYLAXIS - PEDIATRIC

ALS STANDING ORDERS:

1. Pulse oximetry, if oxygen saturation less than 95%:
 - ▶ *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
2. For further treatment, categorize allergic reaction into one of three levels described below:

Mild Allergic Reaction (rash, urticaria, stable vital signs):

→ Transport to nearest available ERC.

Moderate Allergic Reaction (facial/cervical angioedema, respiratory distress or wheezing):

▶ *Epinephrine: 0.01 mg/kg IM (1 mg/mL preparation) (maximum 0.3 mg).*

▶ *Diphenhydramine: 1 mg/kg IM/IV (maximum 50 mg), once*

If wheezing present:

▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest available ERC.

Anaphylaxis (hypotension, severe wheezing, respiratory distress, impending airway obstruction):

▶ *Epinephrine: 0.01 mg/kg IM (1.0 mg/mL preparation)*
OR,

Epinephrine: 0.01 mg/kg slow IV/IO (0.1 mg/mL preparation) (IV access is preferred, maximum 0.3 mg)

▶ *Diphenhydramine: 1 mg/kg IV/IO (maximum 50 mg), once*

▶ *Normal Saline: 20 mL/kg IV (maximum 250 mL), may repeat twice to maintain perfusion.*

If wheezing present:

▶ *Albuterol: continuous nebulization of 6 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest available ERC or Base Hospital Contact as needed.

3. If cardiac arrest occurs, treat using cardiac arrest standing orders (SO-P-40).

Approved:

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