

Anaphylaxis/Allergic Reaction Pediatric

2.2P

Medical Protocol 2.2P

EMT STANDING ORDERS

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- Routine Patient Care.
- For anaphylaxis administer:
 - Pediatric epinephrine autoinjector (EpiPen Jr) 0.15 mg IM in lateral thigh for < 25 kg.
 - Adult epinephrine autoinjector (EpiPen) 0.3 mg IM in lateral thigh if > 25 kg.
- For nausea or vomiting see [Nausea/Vomiting Protocol 2.11](#)
- Do not delay transport.

ADVANCED EMT STANDING ORDERS

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- For anaphylaxis:
 - Administer epinephrine autoinjector, (preferred) **OR**
 - If < 25 kg, epinephrine (1 mg/mL) 0.15 mg IM, lateral thigh preferred.
 - If > 25 kg, epinephrine (1 mg/mL) 0.3 mg IM, lateral thigh preferred
 - Repeat epinephrine every 5 minutes until signs and symptoms resolve.
 - For respiratory symptoms / wheezing consider albuterol 2.5 mg via nebulizer. Repeat albuterol 2.5 mg, every 5 minutes (4 doses total) via nebulizer.
 - For signs of shock consider fluid per [Shock – Non-Traumatic Protocol 2.19](#).

PARAMEDIC STANDING ORDERS

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- After epinephrine has been administered or for isolated skin symptoms of allergic reaction consider:
 - Diphenhydramine 1.25 mg/kg PO **OR**
 - Diphenhydramine 1 mg/kg IV/IM (maximum dose 50 mg).
- For anaphylaxis refractory to 3 or more doses of IM epinephrine, (e.g., persistent hemodynamic compromise, bronchospasm) consider:
 - Epinephrine Infusion 0.1 - 2 micrograms/kg/minute (maximum 10 micrograms/min) via pump until symptoms resolve.

EMT/ADVANCED EMT EXTENDED CARE ORDERS

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- Diphenhydramine:
 - Ages 6 to 11 years: 12.5 – 25 mg by mouth. May repeat every 4-6 hours as needed; maximum dose of 150 mg in 24 hours.
 - Ages 2 to 5 years: 6.25 mg by mouth. May repeat every 4-6 hours as needed; maximum dose of 37.5 mg in 24 hours.

PARAMEDIC EXTENDED CARE ORDERS

- Dexamethasone 0.6 mg/kg PO/IM/IV (PO preferred) maximum 10 mg **OR**
- Methylprednisolone 1 mg/kg IV (maximum dose 125 mg).



CAUTION: Epinephrine is available in different routes and concentrations. Providers are advised to re-check the dosing and concentration prior to administration.



In anaphylaxis, epinephrine should not be delayed by taking the time to administer second-line medications such as diphenhydramine.

PEARLS:

Allergic reactions are commonly a response to an allergen involving the skin.
Anaphylaxis: known/likely allergen exposure AND hypotension or respiratory compromise.
Signs of anaphylaxis also include:

- Angioedema: facial/lip/tongue swelling, throat tightening, voice change.
- Breathing: shortness of breath, wheeze, stridor, cyanosis.
- Poor perfusion: altered mental status, syncope, delayed capillary refill, hypotension.
- Rash: Hives, itching, extremity swelling.
- Gastrointestinal: vomiting, abdominal pain, diarrhea.