Pediatric Anaphylaxis/Allergic Reaction

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. Determine substance or source of exposure, remove patient from source if known and able.
3. Assist the patient in administration of their own epinephrine auto-injector, if available.

EMT/SPECIALIST

4. In cases of severe allergic reaction, wheezing or hypotension:
   A. Administer Epinephrine Junior auto injector.

PARAMEDIC

5. If patient is symptomatic, administer diphenhydramine 1 mg/kg IM/IV/IO (maximum dose 50 mg).
6. In cases of severe allergic reaction, wheezing or hypotension:
   A. Administer Epinephrine 1:1,000, 0.01 mg/kg (0.01 ml/kg) IM to a maximum of 0.3 mg (0.3 ml), OR via auto-injector
7. In cases of profound anaphylactic shock (near cardiac arrest):
   A. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) slow IV/IO to a maximum of 0.3 mg (3 ml).

Bronchodilator Options

☐ Albuterol 2.5 mg/3ml NS nebulized

OR

☑ Albuterol 2.5 mg/3ml NS & Ipratropium 500 mcg nebulized

Medication Options:

Prednisone
50 mg tablet PO
(Children 6 and above, if tolerated)

☑ YES ☐ NO

Methylprednisolone
2 mg/kg IV/IO,
(maximum dose 125 mg)

☑ YES ☐ NO

8. Per MCA selection, administer Albuterol nebulized **OR** Albuterol and Ipratropium nebulized if wheezing or airway constriction.
9. Administer additional Albuterol 2.5 mg/3 ml NS nebulized as needed if wheezing or airway constriction persists.
10. Per MCA Selection, if a second nebulized treatment is needed also administer Prednisone **OR** Methylprednisolone, if tolerated.

Post-Medical Control:

1. Additional Epinephrine 1:1,000, 0.01 mg/kg (0.01 ml/kg) IM to a maximum of 0.3 mg (0.3 ml), OR via auto-injector.
2. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) to a maximum of 0.3 mg (3 ml) slow IV/IO.