

8.01 PEDIATRIC ALLERGIC REACTION / ANAPHYLAXIS

BLS Treatment – ALL Allergic Reactions
<ul style="list-style-type: none">• May help patient administer EpiPen autoinjector or equivalent product.• Position of comfort.• NPO• Oxygen as indicated.
<p style="text-align: center;">ALS Treatment</p> <p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>
<p style="text-align: center;">MILD ALLERGIC REACTION</p> <p style="text-align: center;">Hives, rash, itching.</p> <ul style="list-style-type: none">• Diphenhydramine
<p style="text-align: center;">ANAPHYLAXIS (SYSTEMIC REACTION) WITH NO SHOCK</p> <p>Normal blood pressure WITH 2 body systems involved (e.g. respiratory AND GI symptoms) such as hives, rash, wheezing, cough, chest tightness, stridor, grunting, swallowing difficulty and / or throat tightness, lip / facial swelling, anxious, abdominal cramping, nausea / vomiting (especially common in children).</p> <ul style="list-style-type: none">• (Do 1st) Epinephrine• Diphenhydramine• Albuterol
<p style="text-align: center;">ANAPHYLAXIS WITH SHOCK</p> <p>Low blood pressure with signs of hypoperfusion such as altered mental status, agitation, restlessness, somnolence, pale, cool, diaphoretic; cyanotic; low O2 saturations; and / or delayed or poor capillary refill. SaO2 < 95% on room air.</p> <ul style="list-style-type: none">• (Do 1st) Epinephrine• IV / IO of Normal Saline bolus with 20 ml/kg NS IV or IO. Repeat up to 60 ml/kg if indicated.• Epinephrine (1:10,000 If hypotension not responding to IM Epinephrine or fluid bolus)• Diphenhydramine• Albuterol