EMS Pediatric Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Allergic Reaction and Anaphylaxis</th>
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<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<td>Date of Most Recent Update:</td>
<td>September 1, 2010</td>
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<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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Basic Treatment Guidelines:
Follow initial protocol for all patients.

Advanced Treatment Guidelines:
*NOTE: Consider Capnography to assist in the evaluation of the patient’s ventilatory and oxygenation status.

**Allergic Reaction without respiratory compromise:**
DIPHENHYDRAMINE 1-2 mg/kg IM or slow IV push. Max 25 mg

**Allergic Reaction with respiratory compromise, bronchoconstriction, and/or hypotension:**
1. Establish an IV of NORMAL SALINE at a TKO rate for normal blood pressure, or as appropriate for hypotension 20 ml/kg NORMAL SALINE bolus.

2. For wheezing consider mixing IPRATROPIUM 0.5 mg/2.5 ml of NORMAL SALINE with ALBUTEROL 2.5 mg in 3.0 ml of NORMAL SALINE once if patient is >6 months of age administer by nebulizer without repeat, may be followed by ALBUTEROL 2.5 mg in 3.0 ml of NORMAL SALINE as needed.

3. EPINEPHRINE 0.01 mg/kg (0.01 ml/kg) of 1:1000 solution IM with maximum dose of 0.3 mg
   - May repeat once in 15 minutes if needed
     - If treating a bite or sting, inject proximal to the site when possible.

4. If the patient is >6 months of age consider METHYPRENDNISOLONE SUCCINATE 2 mg/kg IV over 1 minute for a max dose of 125 mg.
Severe allergic reactions consider:
1. All of the above treatments
2. **EPINEPHRINE** 0.01 mg/kg (0.1 ml/kg) of 1:10,000 solution slow IV push with maximum dose of 0.3 mg