ALLERGIC REACTION - ANAPHYLAXIS (P42)

	F	Е	0	Р	D
ASSESSMENT	X	X	X	X	
REMOVE ALLERGEN: (i.e., bee stinger) & apply ice to site if indicated.	Χ	Χ	Χ	Χ	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway	Х	Х	Х	Х	
adjuncts.	^	^	^	^	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider				Х	
SGA.					
PULSE OXIMETRY: apply and monitor.		Χ	Χ	Χ	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				Χ	
OXYGEN : if pulse oximetry < 94% or signs of respiratory distress or	Х	Χ	Х	Х	
hypoperfusion.	^	^	^		
ECG MONITOR: lead placement may be delegated. Treat as indicated.				Χ	<u> </u>
VASCULAR ACCESS: IV/IO, rate as indicated. Consider second IV/IO access.				Χ	<u> </u>
FLUID BOLUS: 20 mL/kg fluid boluses for hypoperfusion.					
MILD or MODERATE REACTION (rash, swelling, wheezing)			1		
APPROVED BETA-2 AGONIST: choose ONE of the following beta-2 agonists					
(consider availability or need to reduce aerosol-generating procedure to decide).					
ALBUTEROL: 2.5 mg via nebulizer for wheezing patients. If patient has				Х	
SGA placed, administer through aerosol holding chamber of SGA.				^	
LEVALBUTEROL: 1.25 mg via nebulizer.					
TERBUTALINE: 0.01 mg/kg SubQ with a max dose of 0.25 mg.					
IPRATROPRIUM: via nebulizer, 250 mcg if < 20 kg or 500mcg if > = 20 kg.				Χ	
EPINEPHRINE:					
 < 30 kg administer 0.15 mg of 1:1000 (1 mg/mL) IM. 					
 > 30 kg administer 0.3 mg of 1:1,000 (1 mg/mL) IM. 			Х	Χ	
For all weights repeat dose may be given every 5-15 minutes as needed for					
respiratory distress or persistent wheezing.					
EPINEPHRINE: auto-injector					
 < 30 kg administer 0.15 mg of 1:1000 (1 mg/mL) IM. 					
• > 30 kg administer 0.3 mg of 1:1,000 (1 mg/mL) IM.		X			
For all weights repeat dose may be given every 5-15 minutes as needed for					
respiratory distress or persistent wheezing.					-
DIPHENHYDRAMINE: 1 mg/kg IV/IO/IM with a maximum dose of 50 mg.				Χ	
SEVERE REACTION	- 1	-4 (
(hypotension, severe respiratory depression, oral swelling, altered mental status,	che	st tig	gntne	ess)	
EPINEPHRINE: 0.01 mg/kg of 1:10,000 (0.1 mg/mL) IV/IO with a maximum single					
dose of 0.1 mg. Repeat every 5 minutes as needed for respiratory distress and				Х	
poor perfusion. If no IV/IO access, administer 0.01 mg/kg of 1:1,000 IM with a					
maximum single dose of 0.5 mg.)				V	
DIPHENHYDRAMINE: 1 mg/kg IV/IO/IM with a maximum dose of 50 mg.				Х	-
APPROVED BETA-2 AGONIST: choose ONE of the following beta-2 agonists					
(consider availability or need to reduce aerosol-generating procedure to decide).					1
ALBUTEROL: 2.5 mg via nebulizer for wheezing patients. If patient has SCA placed, administer through personal holding shamber of SCA.					l
SGA placed, administer through aerosol holding chamber of SGA.				Х	1
LEVALBUTEROL: 1.25 mg via nebulizer. TERRUTALINE: 0.01 mg/kg SubQ with a may does of 0.25 mg.					
TERBUTALINE: 0.01 mg/kg SubQ with a max dose of 0.25 mg.					
			<u> </u>		

EFFECTIVE: November 1, 2023

F = First Responder/EMR Provider Key:

P = Paramedic

E = EMT O = EMT Local Optional SOP D = Base Hospital Physician Order Required

SEVERE REACTION (Cont.)	F	Е	0	Р	D
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA					
 Quicktrach Child device for patients 10-35 kg (22-77lbs). 					
 Quicktrach device for patients > 35 kg (> 77lbs). 				Χ	
 14 – 18G catheter for patients < 10kg (< 22lbs). 					
 Ventilate with high flow oxygen. 					
PUSH DOSE EPINEPHRINE:					
 Draw up patient 0.01 mg/kg code dose 1:10,000 (0.1 mg/mL) epi 					
 In same syringe, draw the necessary quantity of NS to total 10 mL 				Х	
 Label the syringe with "epi" and the calculated concentration in mcg/mL 				^	
 Give 1 mL (1mcg/kg) every 1-2 minutes and titrate to age appropriate 					
SBP.					
EPINEPHRINE DRIP : to treat hypotension refractory to fluid. 0.1-1 mcg/kg/min.					
Mix 1 mg of Epi 1:1,000 in 250 mL.					
Monitor IV/IO site q 5 minute for extravasation.					
2mcg/min drip = 30 gtt/min (mL/hr)					
3mcg/min drip = 45 gtt/min (mL/hr)					
4mcg/min drip = 60 gtt/min (mL/hr)					Х
• 5mcg/min drip = 75 gtt/min (ML/hr)					
6mcg/min drip = 90 gtt/min (mL/hr)					
7mcg/min drip =105 gtt/min (mL/hr)					
8mcg/min drip=120 gtt/min (mL/hr)					
9mcg/min drip=135 gtt/min (mL/hr)					
10mcg/min drip=150 gtt/min (mL/hr)					l

Pediatric Normal Vital Signs

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4

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