

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9002.15
	PROGRAM DOCUMENT: Pediatric Allergic Reaction / Anaphylaxis	Draft Date:	04/25/95
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Signature on File

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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as treatment standard for EMT's and Paramedics in treating pediatric patients with signs and symptoms of allergic reaction and/or anaphylaxis.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

ALLERGIC REACTION: A local response to an antigen involving skin (rash, hives, edema, etc.) with normal vital signs. Any involvement of the respiratory system (wheezing, stridor), or oral/facial edema, will be treated as anaphylaxis. Remember that allergic reactions may deteriorate into anaphylaxis-reassess often and be prepared to treat for anaphylaxis

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway adjuncts as needed.
Remove sting/injection mechanism.
Transport.

ALS TREATMENT

Consider Diphenhydramine:
 1 mg/kg Per Oral (PO), Intravenous (IV), Intraosseous (IO), or Intramuscular (IM), to a maximum of 50 mg.

ANAPHYLAXIS: A systemic response to an antigen involving two (2) or more organ systems OR any involvement of the upper and/or lower respiratory systems OR any derangement of vital signs.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Remove sting/injection mechanism.

Assist patient in the use of patient prescribed medication including auto-injectors.

Transport and begin therapy simultaneously.

ALS TREATMENT

Epinephrine:

0.01 mg/kg of 1:1,000, Intramuscular (IM) to a maximum of 0.3 mg, repeat every 15 min. to a maximum of three (3) doses, until a minimal Systolic Blood Pressure (SBP), for patient's age, is reached or improvement of symptoms.

Establish IV or IO access with saline lock

If needed connect Normal Saline (NS), if hypotensive, give 20 ml/Kg bolus of NS, reassess after each bolus.

Cardiac Monitoring.

Diphenhydramine:

1 mg/kg IV, IO or IM, to a maximum of 50 mg.

Albuterol:

2.5 mg (3 ml unit dose) Hand Held Nebulizer (HHN) for wheezing. Reassess after first treatment, may be repeated as needed based on reassessment.

BASE HOSPITAL ORDER ONLY:

Epinephrine:

0.01 mg increments of 1:10,000 slow IV / Intraosseous push, for stridor and hypotension, until a minimal SBP, for patient's age, -or- a total of 0.01 mg/kg is given.

Cross Reference: Pediatric Airway Management: PD# 8837