

PG02 Pediatric Allergic/Anaphylactic Reaction

Objectives:

- To assess and appropriately treat pediatric patients with allergic reactions and/or anaphylaxis
- To differentiate between an allergic reaction and anaphylaxis

General Information:

- Signs and Symptoms of allergic reaction may include:
 - a) Itching
 - b) Hives
 - c) Flushing (red skin)
 - d) Mild swelling of face (especially the eyes and lips), neck, hands, feet or tongue
- Signs and Symptoms of anaphylaxis may include all of the above; but must include one of the following:
 - a) Respiratory distress
 - i) Labored breathing (ie. Stridor, wheezing, hoarseness, cough)
 - b) Hemodynamic instability
 - i) Hypotension
 - ii) Weak or absent distal pulses
 - iii) Excessive Sweating (Diaphoresis)
- Rapidly progressing signs and symptoms should be treated as anaphylaxis
- EMT-Bs may use patient's Epi-Pen and MDI only
- In severe anaphylaxis with hypotension and/or severe airway obstruction, medical control may order Epinephrine 1:10,000 IV
- In hemodynamic instability Epinephrine 1:1,000 IM is the preferred route of administration instead of SQ
- Solu-Medrol should be avoided in the pediatric population



Warnings/Alerts:

- Epinephrine 1:1,000 should not be given IV
- Contact medical control before administering Epinephrine to patients with a cardiac history
- Administration of Epinephrine may cause lethal dysrhythmias; providers must be prepared for emergent intervention

OMD Notes:

- Maximum dose of epinephrine is 0.5 mg
- The use of albuterol is encouraged if the patient exhibits wheezing or diminished aeration

References:

Mosby's Paramedic Textbook, 3rd Edition, 2007 pg 873-875
Brady Emergency Care, 10th Edition, 2005 pg 447

Performance Indicators:

Documented Cause (If Known) Application of Oxygen Treatment Provided Response to Treatment
Use of Patient Epi-Pen

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