



**ALLERGIC REACTION/ANAPHYLAXIS - PEDIATRIC**

**ALS STANDING ORDERS:**

1. Pulse oximetry, if oxygen saturation less than 95%:
  - ▶ High flow oxygen by mask as tolerated.
2. For further treatment, categorize allergic reaction into one of three levels described below:

**Mild Allergic Reaction (rash, urticaria, stable vital signs):**

→ Transport to nearest available ERC.

**Moderate Allergic Reaction (facial/cervical angioedema, respiratory distress or wheezing):**

▶ *Epinephrine 1:1000: 0.01 mg/kg SQ (maximum 0.3 mg).*

▶ *Diphenhydramine: 1 mg/kg IM/IV (maximum 25 mg).*

→ If wheezing present:

▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest available ERC.

**Anaphylaxis (hypotension, severe wheezing, respiratory distress, impending airway obstruction):**

▶ *Epinephrine 1:1,000: 0.01 mg/kg IM*

**OR**

*Epinephrine 1:10,000: 0.01 mg/kg slow IV/IO (IV access is preferred, maximum 0.3 mg)*

▶ *Diphenhydramine: 1 mg/kg IV/IO (maximum 25 mg).*

▶ *Normal Saline: 20 mL/kg IV (maximum 250 mL), may repeat twice to maintain perfusion.*

→ If wheezing present:

▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest available ERC or Base Hospital Contact as needed.

3. If cardiac arrest occurs, treat using cardiac arrest standing orders (SO-P-40).

**GUIDELINES:**

- If bee sting, check to assure stinger has been scraped from skin.

Approved:

TxGuide2014:  
Implementation Date: Sept 2, 2014  
OCEMS copyright © 2014