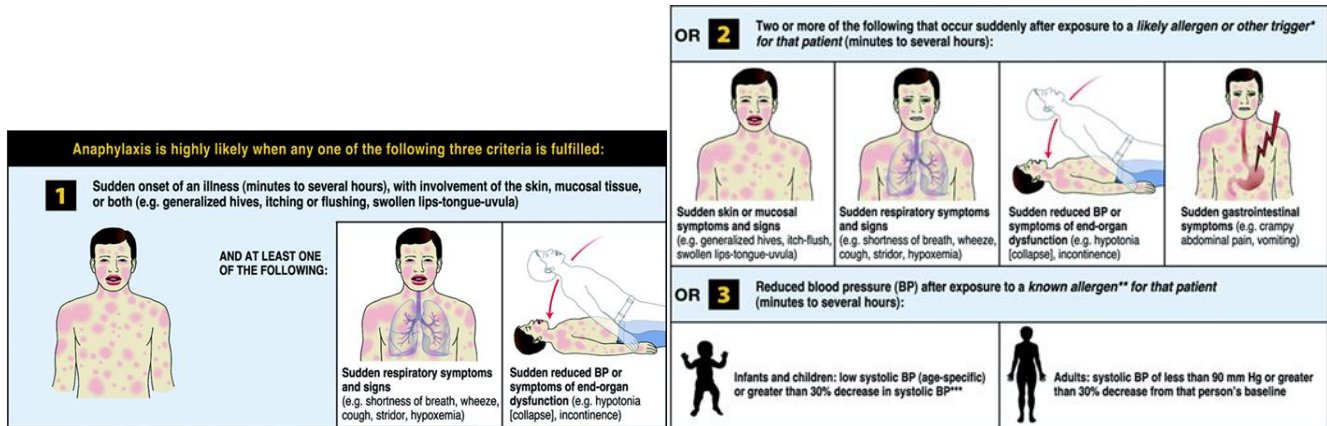


# Emergency Department Anaphylaxis Pathway

The following information is intended as a guideline for the management of children with anaphylaxis. Management of your patient may require a more individualized approach.

**Clinical Criteria for Anaphylaxis Diagnosis:** Patient meets ONE of the following 3 criteria



## Administer Epinephrine IM IMMEDIATELY

- 0-25 Kg-EPIPEN JR (0.15 mg)
- > 25 Kg-EPIPEN (0.3 mg)

Patients on **beta-blockers** may not respond. If no response to Epinephrine treat with **GLUCAGON**

## Assess AND Manage Airway, Breathing and Circulation

- Place in supine position
- Place cardiac monitor
- Administer oxygen if airway, respiratory or cardiovascular signs or symptoms
- Establish IV access. IV Fluid bolus if hypotension or signs of shock

## Anaphylaxis Medications

### All anaphylaxis patients

- Steroids
- Antihistamines

Administer **adjunct, respiratory and vasopressor** medications based on **clinical findings** (medication list below)

Reassess after first Epinephrine dose. **Repeat** dose as clinically indicated q 5-15 minutes  
Determine disposition based on clinical improvement

### Symptoms (except rash) resolve and no indications for admission

- Observe 4 hours after symptoms resolve
- Teach use of EPIPEN
- Arrange for EPIPEN for home use
- Continue steroids and anti-histamines if administered in the ED

### Admit if

- History of biphasic or severe reactions
- Progression or persistence of symptoms
- History of severe asthma
- Current asthma exacerbation
- Hypotensive during ED course
- Requires fluid bolus
- Requires > 1 Epinephrine dose
- Upper airway obstruction
- Lower airway symptoms
- Refractory to Epinephrine

## Anaphylaxis Medications

Medication	Route	Dose	Max Dose	Comments
EPIPEN® Epinephrine(1:1000)	IM	0-25 kg: EPIPEN JR (0.15 mg) > 25 kg: EPIPEN (0.3 mg)		Preferred preparation
	IM	0.01 mg/kg	0.5 mg	Use ONLY IF EPIPEN is not available
Glucagon	SQ/IM	< 20 kg: 0.5 mg ≥20 kg: 1 mg		Indicated if patient is on a beta-blocker and <b>1<sup>st</sup> dose of epinephrine is ineffective</b> Follow with IV infusion
	IV infusion	5-15 mcg/min titrated to clinical effect		
Methylprednisolone	IV	2 mg/kg	125 mg	
Prednisone	PO	2 mg/kg	60 mg	
Dexamethasone	PO	0.6 mg/kg	16 mg	
Diphenhydramine	IV/PO	1 mg/kg	50 mg	
Famotidine	IV	0.5 mg/kg	20 mg	
Famotidine	PO	1 mg/kg	40 mg	
Cetirizine	PO	6-23 months: 2.5 mg/day 2-5 years: 5 mg/day > 6 years: 10 mg/day	10 mg	
Albuterol	Inhalation	< 15 kg: 2.5 mg ≥ 15 kg: 5 mg		
Racemic Epinephrine (1%)	Inhalation	< 5 kg: 0.25 ml ≥ 5 kg: 0.5 ml		
Epinephrine Infusion	IV	0.1-1 mcg/kg/min		Do not bolus. Indicated for CV collapse or impending CV collapse <b>refractory to IM epinephrine AND volume resuscitation. First line vasopressor.</b>
Dopamine Infusion	IV	5-20 mcg/kg/min		<b>Second line vasopressor.</b>

**1% Methylene Blue** has been used in patients with anaphylaxis who are **refractory to Epinephrine**. Consultation with allergy is recommended. Recommended dose: 1.5 mg/kg in 100 ml D5NS over 20 minutes.

### Bibliography

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