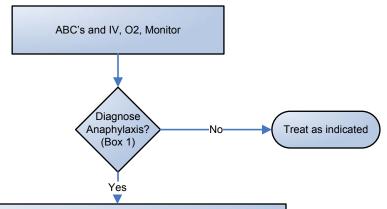
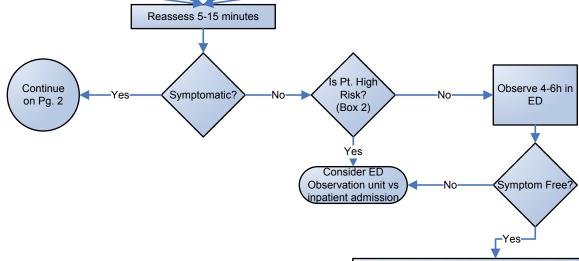
## **EmergencyKT: Anaphylaxis**

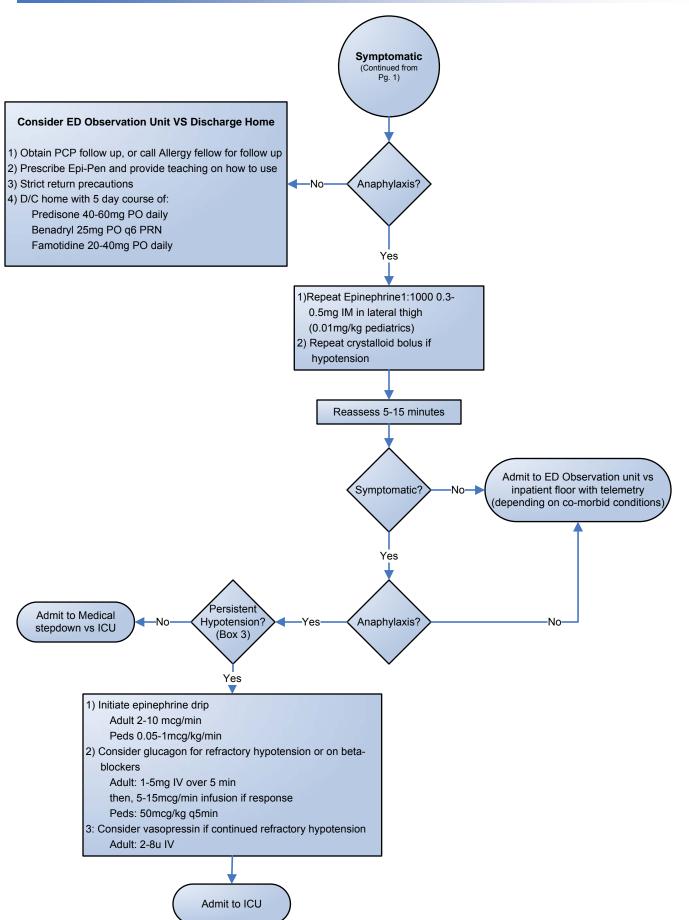


- 1. Epinephrine 1:1000 IM to lateral thigh
  - 0.3-0.5mg Adult
- 0.01mg/kg Pediatrics
- Crystalloid Bolus
  - 1-2 L Adult
- 30cc/kg Pediatrics
- 3. Consider sending serum tryptase if within 3h of symptom onset, other labs as clinically indicated (i.e. VBG/lactate)

2<sup>nd</sup> Line Treatment: Do not proceed unless epinephrine has been given Inhaled Beta-Agonist **H2 Antagonist Steroids H1 Antagonist** (Consider if wheezing present) Methylprednisolone **Famotidine** Benadryl Albuterol Adult: 20mg IV Adult: 80-120mg IV Adult: 25-50mg IV/IM Adult: 2.5mg/3ml q15-20min Peds: 1-2mg/kg IV Peds: 0.25-0.5mg/kg IV Peds: 1-1.5mg/kg IV/IM x 3 doses OR OR Peds (<30kg):1.25mg/3ml q15-20min x 3 doses Ranitidine Prednisone Adult: 50mgIV Adult: 40-60mg PO \*May substitute Duonebs for Peds: 0.5-1mg/kg IV Peds: 1-2mg/kg PO initial treatment



- 1) Obtain PCP follow up, or call Allergy fellow for follow up
- 2) Prescribe Epi-Pen and provide teaching on how to use
- 3) Strict return precautions
- 4) D/C home with 5 day course of: Predisone 40-60mg PO daily Benadryl 25mg PO q6 PRN Famotidine 20-40mg PO daily



## **Box 1- Anaphylaxis Definition**

Anaphylaxis is highly likely when any one of the following three criteria are met:

1. Acute onset of an illness (minutes to hours) with involvement of the skin, mucosal tissue or both (e.g. generalized hives, flushing, pruritus, swollen lips/tongue/uvula)

AND at least one of the following:

- A. Respiratory compromise (dyspnea, wheeze, stridor, hypoxemia)
- B. Reduced BP or symptoms of end-organ dysfunction (syncope, hypotonia/collapse, incontinence)
- 2. Two or more that occur rapidly after exposure to a likely allergen (minutes to hours)
  - A. Involvement of skin and/or mucosal tissue (eg, generalized urticaria, itch-flush, swollen lips-tongue-uvula)
  - B. Respiratory compromise (eg., dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)
  - C. Reduced BP or associated symptoms (eg, hypotonia/collapse, syncope, incontinence)
  - D. Persistent GI symptoms (cramping abdominal pain, vomiting)
- 3. Reduced BP after exposure to a known allergen
  - A. Infants/Children: low systolic BP for age OR > 30% decrease in systolic BP
  - B. Adults: SBP < 90 or > 30% decrease from baseline SBP
  - C. Peds calculations
    - <70mmHg SBP for 1-12mos
    - < 70mmHg + 2 x age from 1-10yr
    - < 90mmHg for 11-17yr (adult criteria)

## Box 2- High Risk features

- Any hypotension
- Initial laryngeal edema
- Syncope or respiratory distress as presenting complaint
- History of asthma
- B-blocker use
- History of prior biphasic reaction
- Unreliable patient/Social situation

## **Box 3- Hypotension**

A. Infants/Children: low systolic BP for age OR > 30% decrease in systolic BP

B. Adults: SBP < 90 or > 30% decrease from baseline SBP