

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Allergic Reaction /
Anaphylaxis Protocol**

Allergic reactions or anaphylaxis in children can cause respiratory distress very quickly in pediatric patients due to the small size of the airway. Bee stings and nuts are the primary reason of anaphylaxis in children.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Initiate ALS intercept and transport as soon as possible.
4. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every *15 minutes* as needed (**with Medical Control order**).
5. **Contact Medical Control** as soon as possible.

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ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Initiate ALS intercept and transport as soon as possible.
4. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**). In-line nebulizer may be utilized if patient is unresponsive/in respiratory arrest.
5. **IV Fluid Therapy:** 20mL/kg fluid bolus if patient is hypotensive. May repeat x2 to a maximum of 60mL/kg (**Note:** Exceeding 40mL/kg requires **Medical Control order**).
6. **Contact Medical Control** as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.

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ALS Care (continued)

3. **Epinephrine 1:1000**: 0.01mg/kg SQ (*Max single dose: 0.3mg*) if the patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC.

OR

- Epinephrine 1:10,000**: 0.01mg/kg IV (*Max single dose: 0.3mg*) if peripheral access has been established and the patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC.
4. **Benadryl**: 1mg/kg IV or IM (*Max single dose: 50mg*) for severe itching and/or hives.
5. **Proventil (Albuterol)**: 2.5mg in 3mL normal saline mixed with **Ipratropium (Atrovent)**: 0.5mg via nebulizer over 15 minutes. May repeat Albuterol 2.5mg with Atrovent 0.5mg every *15 minutes* as needed. In-line nebulizer may be utilized if the patient is unresponsive or in respiratory arrest.
6. **IV Fluid Therapy**: 20mL/kg fluid bolus if patient is hypotensive. May repeat x2 to a maximum of 60mL/kg (*Note*: Exceeding 40mL/kg requires **Medical Control order**).
7. Transport as soon as possible.
8. Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- **Patients who have an allergic reaction can develop anaphylaxis over time. Monitor patients very closely.**
- **Avoid establishing an IV in the same extremity as a bee sting / allergy site.**
- **Both an allergic reaction & anaphylaxis can present with hives. Remember: an allergic reaction is localized while anaphylaxis is a systemic reaction.**
- **Do not waste time on scene – begin transport as soon as possible and treat en route.**