

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.2.21 Allergic Reaction - Pediatric	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals of the patient with a severe allergic reaction in the pre-hospital environment include treatment of the local and systemic reactions, ensuring adequate oxygenation, administration of medications, and safe timely transport to the appropriate care facility. Be prepared to manage systemic airway complications and anaphylactic shock.

1. Baseline care standards.
2. Maintain a calm approach to both parent and child.
3. Allow the child to assume and maintain a position of comfort or to be held by parent, preferably in an upright position.
4. Administer high concentration of oxygen.
5. Perform orotracheal intubation and advanced airway management on unresponsive patient.
6. If an injection site, treat local reaction with ice.
7. Establish IV access at a TKO rate for normal blood pressure. IV fluid bolus of 20ml/kg for hypotension over 5-20 minutes. Reassess; repeat if necessary.
8. If the patient shows signs of systemic reaction:
 - *Epinephrine 0.01mg/kg of 1:1000 solution (SQ or IM). Repeat as needed every 5-10 minutes **with a maximum of 2 doses.***
 - *Benadryl® 1mg/kg (IV or IM) **up to a maximum dose of 50mg.***

If patient remains in respiratory distress, administer:

- *Albuterol 2.5mg in 3cc Normal Saline- by nebulizer.*

If respiratory distress is severe, administer:

- *Solu-Medrol® 2 mg/kg IV over 1 minute **up to a maximum dose of 125mg***

****May consider *Epinephrine infusion 0.001mg/kg/minute* titrate for effect for anaphylaxis refractory to (SQ/IM) Epinephrine and Benadryl - see infusion chart.**

9. Treat for shock and be prepared to initiate CPR and PALS as necessary during transport.

Medical Director's Signature

Date

Disclaimer:

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