

8.01 PEDIATRIC ALLERGIC REACTION / ANAPHYLAXIS EMSAC May 2023

BLS Treatment –Allergic Reactions
<p>May help patient administer their personal Epinephrine autoinjector or Pediatric Dose Epinephrine autoinjector</p> <ul style="list-style-type: none">• Position of comfort• NPO• Oxygen as indicated• If patient does not have a personal autoinjector, give IM EpiPen autoinjector or EpiPen Junior for patients <30kg, or equivalent product for suspected anaphylaxis and/or severe asthma if EMT has been trained.
<p>ALS Treatment</p> <p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>
<p>MILD ALLERGIC REACTION</p> <p>Hives, rash, itching.</p> <ul style="list-style-type: none">• Diphenhydramine
<p>ANAPHYLAXIS (SYSTEMIC REACTION) WITH NO SHOCK</p> <p>Normal blood pressure WITH 2 body systems involved (e.g. respiratory AND GI symptoms) such as hives, rash, wheezing, cough, chest tightness, stridor, grunting, swallowing difficulty and / or throat tightness, lip / facial swelling, anxious, abdominal cramping, nausea / vomiting (especially common in children).</p> <ul style="list-style-type: none">• (Do 1st) Epinephrine• Diphenhydramine• Albuterol
<p>ANAPHYLAXIS (SYSTEMIC REACTION) WITH SHOCK</p> <p>Low blood pressure with signs of hypoperfusion, such as: altered mental status, agitation, restlessness, somnolence, poor skin signs (pale, cool, diaphoretic, and/or cyanotic), low SpO₂, delayed or poor capillary refill.</p> <ul style="list-style-type: none">• Same treatments as in Anaphylaxis Without Shock but if no response to IM Epinephrine and fluid bolus, administer IV/IO Epinephrine infusion.

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