

Pediatric Anaphylaxis

Anaphylaxis Diagnosis: Acute onset of

- Skin changes AND any of Respiratory +/- Cardiovascular +/- GI symptoms OR
- Hypotension, Bronchospasm or Upper airway obstruction with exposure to known or highly probable allergen

Anaphylaxis Symptoms:

- Skin: urticaria, erythema, flushing, angioedema
- Respiratory:
 - upper airway obstruction (stridor, hoarseness, difficulty swallowing)
 - lower airway obstruction (wheeze, cough, ↑ WOB)
- Cardiovascular: hypotension, presyncope, syncope
- GI: repetitive vomiting, persistent/severe abdominal pain

Assessment Red Flags:

- Allergic symptoms may have improved with pre-hospital treatment, consider **any** recent symptoms when diagnosing anaphylaxis
- Consider anaphylaxis in any patient with wheeze, especially if a known allergy
- Infants may present with only irritability, crying or lethargy

Pediatric Anaphylaxis

Safety Alert!

- NEVER give bolus epinephrine doses by IV, even if IV access is available
- Give IM EPINEPHRINE (1 mg/mL) 0.01mg/kg IM (MAX dose 0.5 mg IM)

IM EPINEPHRINE DOSAGE CHART

Weight (Kg)	Epinephrine dose (1mg/ml) amp	Epinephrine Auto-injector Dose
5-10	0.1 mg	0.15 mg (EpiPen Jr., Allerject®, Emerade®)
11-15	0.15 mg	
16-20	0.2 mg	
21-25	0.25 mg	0.3 mg (EpiPen®, Allerject®, Emerade®)
26-30	0.3 mg	
31-35	0.35 mg	
36-40	0.4 mg	
41-45	0.45 mg	
≥46	0.5 mg	0.5 mg (Emerade®) preferred 0.3 mg (as above) if not available

Management:

- IM EPINEPHRINE is the mainstay of treatment
- Repeat IM EPINEPHRINE q5-10 min PRN
- Use inhaled epinephrine for upper airway obstruction or salbutamol for lower airway obstruction
- May use non-sedating antihistamines for pruritus (cetirizine or rupatadine)

*** Avoid diphenhydramine due to sedating effects**