



**PHYSICIAN ORDERS
FOR
ANAPHYLAXIS in the
EMERGENCY DEPARTMENT**

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Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

Initial on all lines applicable

- Place in supine position (unless precluded by shortness of breath or vomiting)
- Administer oxygen
- If patient in Refractory Anaphylaxis also see Page 2 of PPO

VITAL SIGNS & MONITORING

- Vital signs
- Cardiorespiratory monitoring with BP q15-30 minutes until stabilized

FIRST LINE MEDICATIONS

_____ **EPINEPHrine 1:1000 (1 mg/mL)** _____ mg (0.01 mg/kg, MAX 0.5 mg) IM
Time Initial

- *Mid-anterolateral thigh muscle is preferred site of administration*

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Time Initial

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Time Initial

ADJUNCT MEDICATIONS

For symptomatic relief of pruritis

_____ **Rupatadine** _____ mg PO once. Avoid if at risk of QT interval prolongation.
(2 – 11 years: 10 – 25 mg; 2.5 mg, Greater than 25 kg: 5 mg, 12 years and older: 10 mg) **OR**

_____ **Cetirizine** _____ mg PO once (6 mo – less than 2 yr: 2.5 mg, 2 – 5 years: 2.5 – 5 mg,
greater than 5 years: 5 – 10 mg)

For Lower Airway Obstruction

_____ **Salbutamol (Ventolin®) Nebule** by inhalation q _____ h and q _____ h PRN
_____ Less than 10 kg: 1.25 mg nebule
_____ Between 10 – 20 kg = 2.5 mg nebule
_____ Greater than 20 kg = 5 mg nebule

For Upper Airway Obstruction

_____ **Racemic epinephrine 2.25%:** 0.5 mL in 3 mL of Normal Saline by inhalation **OR**
_____ **Epinephrine 1:1000 (1 mg/mL)** (use topical or injectable formulation): _____ mL by inhalation
(Less than 10 kg dose = 3 mg (3mL); Greater than or equal to 10 kg dose = 5 mg (5 mL))

Consider steroids for patients with anaphylactic shock, asthma, or upper airway obstruction

_____ **Hydrocortisone** _____ mg (5 mg/kg/dose, MAX 200 mg) IV **OR**
_____ **PredniSONE/ PrednisoLONE** _____ mg (1 mg/kg/dose, MAX 60 mg) PO
_____ **Dexamethasone** _____ mg (0.6 mg/kg/dose, MAX 12 mg) PO/IV

HYDRATION:

_____ IV Bolus _____ mL of 0.9% NaCl over _____ minutes
_____ IV _____ at _____ mL

Continued on Page 2...

PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME



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Page 2 of 2

Patient Identification

....Continued from Page 1

Initial on all lines applicable

DISCHARGE PLANNING

_____ Discharge home at _____ if asymptomatic and vital signs stable
 _____ Provide the Canadian Anaphylaxis Action Plan for Kids to caregiver before discharge
 _____ Epinephrine auto injector teaching before discharge
 _____ Referral to Allergist: _____

_____ PHYSICIAN SIGNATURE	_____ PRINT NAME OF PHYSICIAN	_____ DATE & TIME
_____ NURSE SIGNATURE	_____ PRINT NAME OF NURSE	_____ DATE & TIME

REFRACTORY ANAPHYLAXIS

CONSIDER INITIATING THIS SECTION FOR *REFRACTORY ANAPHYLAXIS* IF THERE IS NO IMPROVEMENT IN ANAPHYLACTIC SHOCK AFTER 3 DOSES OF IM EPINEPHRINE AND FLUID RESUSCITATION

- Place in supine position (unless precluded by shortness of breath or vomiting)
- Administer oxygen

VITAL SIGNS & MONITORING:

- Vital signs
- Continuous cardiorespiratory monitoring

HYDRATION:

_____ IV Bolus _____ mL of 0.9% NaCl over _____ minutes
 _____ IV _____ at _____ mL/h

MEDICATIONS:

_____ **Epinephrine infusion** _____ mcg/kg/min (Initial dose: 0.05 – 0.1 mcg/kg/min) IV. Titrate to effect
 _____ **NORepinephrine infusion** _____ mcg/kg/min (Initial dose: 0.05 mcg/kg/min) IV. Titrate by 0.02 mcg/kg/min to effect. Max 2 mcg/kg/min.
 _____ **Glucagon bolus** _____ mcg (20 – 30 mcg/kg/dose, MAX 1 mg) IV over 5 minutes x 1 dose followed by infusion of _____ mcg/min (5 - 15 mcg/min) titrated to clinical effect.
*Consider use in patients who remain hypotensive despite multiple doses of epinephrine, patients on beta blockers, pregnant adolescents, and patients with sodium metabisulfite allergy.
 Caution: may induce vomiting (risk of aspiration in severely drowsy or intubated patient). Place patient in lateral recumbent position.*

_____ PHYSICIAN SIGNATURE	_____ PRINT NAME OF PHYSICIAN	_____ DATE & TIME
_____ NURSE SIGNATURE	_____ PRINT NAME OF NURSE	_____ DATE & TIME