

# Pediatric Anaphylaxis

## Anaphylaxis Diagnosis: Acute onset of

- Skin + Resp +/- Cardiovascular +/- GI symptoms OR
- Hypotension, upper and/or lower airway obstruction alone, if potential /actual exposure to a known allergen

## Anaphylaxis Symptoms:

- Skin: urticaria, erythema, flushing, angioedema
- Respiratory:
  - upper airway obstruction (stridor, hoarseness, swallowing difficulty)
  - lower airway obstruction (wheeze, cough, ↑ WOB)
- Cardiovascular: hypotension, presyncope or syncope
- GI: vomiting, diarrhea, abdominal cramps

## 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 exists
- Infants may present with only irritability or crying

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## Management:

- IM EPINEPHRINE is the mainstay of treatment
  - Repeat IM EPINEPHRINE q5- 10 min PRN
  - Use nebulized epinephrine for upper airway obstruction or salbutamol for lower airway obstruction
  - Corticosteroids are not routinely recommended
  - May use non-sedating antihistamines for pruritus (cetirizine or rupatadine)
- \* Avoid diphenhydramine due to sedating effects  
\* Ranitidine is unlikely to improve symptoms

## Safety Alert!

- NEVER give epinephrine doses by IV, even if IV access is available
- Give IM EPINEPHRINE(1:1000 = 1 mg/mL)  
0.01mg/kg IM (MAX dose 0.5 mg IM)