



**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 significant shortness of breath or vomiting)
- Administer oxygen 10 – 15 L/min
- 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 mg/mL (1:1000)** \_\_\_\_\_ mg (0.01 mg/kg, MAX 0.5 mg) IM

Time    Initial

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

\_\_\_\_\_ **EPINEPHrine 1 mg/mL (1:1000)** \_\_\_\_\_ mg (0.01 mg/kg, MAX 0.5 mg) IM

Time    Initial

\_\_\_\_\_ **EPINEPHrine 1 mg/mL (1:1000)** \_\_\_\_\_ mg (0.01 mg/kg, MAX 0.5 mg) IM

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 kg: 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 (*May need to top up to 3mL with NS*)

\_\_\_\_\_ Less than 20 kg: 2.5 mg nebule

\_\_\_\_\_ Greater than or equal to 20 kg = 5 mg nebule

***For Upper Airway Obstruction***

\_\_\_\_\_ **Epinephrine 1 mg/mL (1:1000)** (use injectable formulation): \_\_\_\_\_ mL by inhalation  
(Less than 10 kg dose = 3 mg (3 mL); 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

**OR**

\_\_\_\_\_ **Dexamethasone** \_\_\_\_\_ mg (0.6 mg/kg/dose, MAX 12 mg) PO/IV

**HYDRATION:**

\_\_\_\_\_ IV Bolus \_\_\_\_\_ mL of 0.9% NS over \_\_\_\_\_ minutes

\_\_\_\_\_ IV \_\_\_\_\_ at \_\_\_\_\_ mL

**Continued on Page 2...**

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
DATE & TIME

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
PRINT NAME OF NURSE

\_\_\_\_\_  
DATE & TIME



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Page 2 of 2

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....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: \_\_\_\_\_

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**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 significant shortness of breath or vomiting)
- Administer oxygen 10 – 15 L/min

**VITAL SIGNS & MONITORING:**

- Vital signs q5-10 min
- Continuous cardiorespiratory monitoring

**HYDRATION:**

\_\_\_\_\_ IV Bolus \_\_\_\_\_ mL of 0.9% NS over \_\_\_\_\_ minutes  
 \_\_\_\_\_ IV \_\_\_\_\_ at \_\_\_\_\_ mL/h

**MEDICATIONS:**

\_\_\_\_\_ **Epinephrine infusion** \_\_\_\_\_ mcg/kg/min (Initial dose: 0.05 – 0.3 mcg/kg/min) IV. Titrate to effect.

\_\_\_\_\_ **NORepinephrine infusion** \_\_\_\_\_ mcg/kg/min (Initial dose: 0.05 – 0.3 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.*

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