

Pediatric Anaphylaxis

Anaphylaxis Diagnosis: Acute onset of

- Skin changes PLUS Resp +/- Cardiovascular +/- GI symptoms OR
- Hypotension, Bronchospasm or Upper Airway obstruction with exposure to known 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 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 bolus 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)