



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

Page 1 of 2

Patient Identification

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Allergies: \_\_\_\_\_

**REFER TO PEDSPAC ANAPHYLAXIS ALGORITHM**

- Place in supine position (unless significant shortness of breath or vomiting)
- Administer oxygen 10-15 L/min by non-rebreather mask (if signs of shock or respiratory distress)
- If patient in Refractory Anaphylaxis also see Page 2 of this order set

**VITAL SIGNS & MONITORING:**

- Vital signs
- Cardiorespiratory monitoring with BP q15-30minutes until stabilized  
**Initial on all lines applicable**

**FIRST LINE MEDICATIONS:**

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

Time Initial

- NEVER give bolus epinephrine doses by IV, even if IV access is available
- Repeat dose q5minutes PRN
- Administer in mid-anterolateral thigh muscle

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

Time Initial

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

Time Initial

**ADJUNCT MEDICATIONS:**

**For symptomatic relief of pruritis**

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

**OR**

\_\_\_\_\_ **Rupatadine** \_\_\_\_\_ mg PO. Avoid if at risk of QT prolongation

Age: 2-11 years	10-25 kg: 2.5 mg	Greater than 25 kg: 5 mg
Age: 12 years and older	10 mg	

**For Lower Airway Obstruction**

\_\_\_\_\_ **Salbutamol Nebule** by inhalation x 1 dose and q \_\_\_\_\_ h PRN (May need to top up to 3mL with NS)

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

\_\_\_\_\_ Greater than or equal to 20 kg: 5 mg

**For Upper Airway Obstruction**

\_\_\_\_\_ **EPINEPHrine by inhalation** 1 mg/mL (injectable formulation): \_\_\_\_\_ mL

\_\_\_\_\_ Less than 10 kg: 3 mg (3 mL)

\_\_\_\_\_ Greater than or equal to 10 kg: 5 mg (5 mL)

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

\_\_\_\_\_ **Hydrocortisone** \_\_\_\_\_ mg (5 mg/kg/dose, MAX 400 mg) IV

**OR**

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

**OR**

\_\_\_\_\_ **PredniSONE/ PrednisoLONE** \_\_\_\_\_ mg (2 mg/kg/dose, MAX 60 mg) PO

**FLUID RESUSCITATION:**

\_\_\_\_\_ NS bolus \_\_\_\_\_ mL (20 mL/kg) IV over \_\_\_\_\_ minutes

\_\_\_\_\_ Other: \_\_\_\_\_ at \_\_\_\_\_ mL/hr IV

**Continued on Page 2....**

\_\_\_\_\_  
PHYSICIAN SIGNATURE

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

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

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

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

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



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

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
- \_\_\_\_\_ Review the Canadian Anaphylaxis Action Plan for Kids with caregiver before discharge, ensure that family has watched Canadian Anaphylaxis Action Plan for Kids video prior to 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 significant shortness of breath or vomiting)
- Administer oxygen 10-15 L/min by non-rebreather mask

**VITAL SIGNS & MONITORING:**

- Vital signs q5-10minutes
- Continuous cardiorespiratory monitoring

**FLUID RESUSCITATION:**

\_\_\_\_\_ NS bolus \_\_\_\_\_ mL (20 mL/kg) IV over \_\_\_\_\_ minutes

\_\_\_\_\_ Other: \_\_\_\_\_ at \_\_\_\_\_ mL/hr IV

**MEDICATIONS:**

\_\_\_\_\_ **EPINEPHrine** \_\_\_\_\_ mcg/kg/min IV/IO infusion (Initial: 0.05-0.1 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 1 mcg/kg/min).

\_\_\_\_\_ **NOREpinephrine** \_\_\_\_\_ mcg/kg/min IV/IO infusion (Initial: 0.05-0.1 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 2 mcg/kg/min).

***If unresponsive to epinephrine/norepinephrine infusion OR taking beta blockers OR pregnant adolescent OR confirmed sodium metabisulfite allergy:***

\_\_\_\_\_ **Glucagon bolus** \_\_\_\_\_ mcg (20-30 mcg/kg/DOSE, MAX 1000 mcg) IV over 5 minutes x 1 dose followed by infusion of \_\_\_\_\_ mcg/min (5-15 mcg/min) titrated to clinical effect. **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