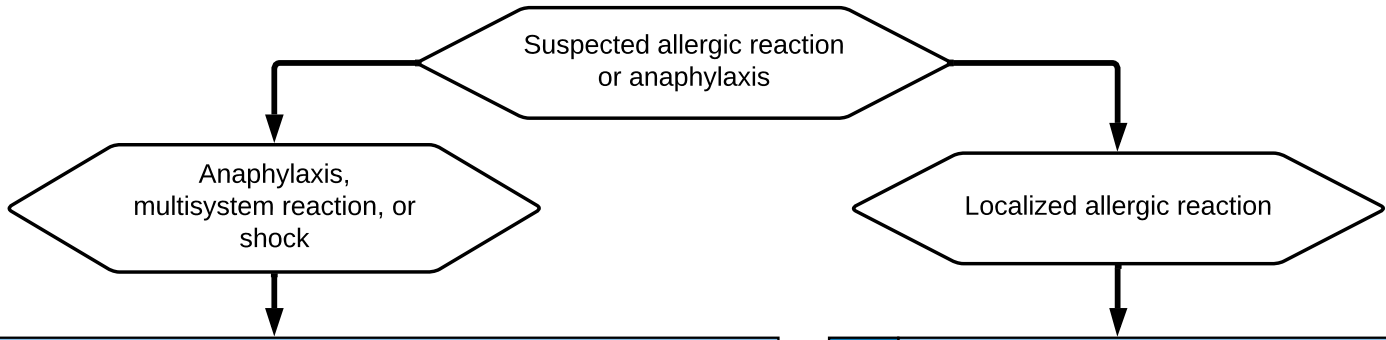




History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Onset and location Insect sting or bite Food or med allergy/exposure Past history of reactions 	<ul style="list-style-type: none"> Dyspnea/hypoxia Wheezing Stridor Difficulty swallowing Oropharyngeal/tongue swelling Shock/decreased perfusion Urticaria Abdominal pain/vomiting 	<ul style="list-style-type: none"> Urticaria (rash only) Anaphylaxis (systemic) Infection/sepsis Angioedema Airway obstruction Asthma/COPD CHF



B	<p>Administer epinephrine by autoinjector or by prepared kit (if available).</p> <p>For children <30kg (8 years or younger) administer 0.15 mg (1 mg/mL concentration) IM or EpiPen Jr.</p> <p>For adults and children >30kg (9 years or older) administer 0.3 mg (1 mg/mL concentration) IM or EpiPen</p> <p>Administration should be upper lateral thigh May repeat epinephrine dose every 5-15 minutes</p>
P	<p>Administer epinephrine 0.01 mg/kg (1 mg/mL concentration) IM (max dose 0.3 mg)</p> <p>Administration should be upper lateral thigh May repeat epinephrine dose every 5-15 minutes</p>

P	Administer diphenhydramine 1 mg/kg IV/IM/PO (max dose 50 mg)
---	---

B	<p>Administer albuterol 2.5 mg SVN for wheezing May repeat albuterol to max of 3 doses</p> <p>Consider administration of ipratropium (Atrovent) 0.5 mg nebulized with albuterol x 1</p> <p>Administer 20 mL/kg NS/LR bolus for hypotension</p>
P	<p>IV/IO access Cardiac Monitor, EtCO₂ if available Consider appropriate airway management adjuncts Assess for signs of shock (poor perfusion, decreased mental status)</p> <p>Administer 20 mL/kg NS/LR bolus for hypotension</p> <p>Administer diphenhydramine 1 mg/kg IV/IM (max dose 50 mg)</p> <p>Administer methylprednisolone 2 mg/kg IV/IM (max dose 125 mg)</p>



Education/Pearls

An allergic reaction is a systemic response to an allergen, which may be food, drugs, or other substance. The response varies from mild (one organ system, such as skin) to severe, when the condition may become life-threatening. The presence of shock or airway compromise always indicates a severe response and can lead to cardiac arrest and airway compromise.

Anaphylaxis is defined as:

- Severe, acute onset AND one of the following:
 - Respiratory compromise (dyspnea, wheeze, stridor, hypoxemia)
 - Decreased BP (SBP<90)

OR

- A combination of 2 of the following:
 - Urticaria
 - Swollen tongue or lips
 - Nausea/Vomiting
 - Abdominal pain
 - Syncope
 - Incontinence

A non-anaphylactic allergic reaction is defined as ONE of the following:

- Localized symptoms
- Localized angioedema without airway or GI symptoms
- Urticaria alone

Medication Administration:

- Epinephrine is the drug of choice and the FIRST drug that should be administered in acute anaphylaxis (in moderate and severe symptoms).
- Intramuscular injection in the thigh (but not the upper arm) results in the fastest rise of blood levels of epinephrine. Intramuscular injection in the upper arm (deltoid) and subcutaneously in the upper arm result in a much slower absorption and should not be used as a first choice.
- IM epinephrine should be administered as a priority, before or during attempts at IV or IO access.
- If signs of anaphylaxis persist, additional doses of IM epinephrine can be repeated every 5-15 minutes
- Fluids and pressors may be started to treat shock additionally.
- Diphenhydramine and steroids have no proven utility in moderate or severe anaphylaxis and may be given only after epinephrine. Diphenhydramine and steroids should NOT delay repeated epinephrine administration if needed.
- In moderate and severe anaphylaxis, diphenhydramine may decrease mental status. Caution with rate of administration.
- If a patient exhibits respiratory distress with wheezing, administer nebulized albuterol and consider administration of ipratropium (Atrovent)

Any patient with concern for anaphylaxis or who has received epinephrine IM should be transported to the ED, even if symptoms have resolved.