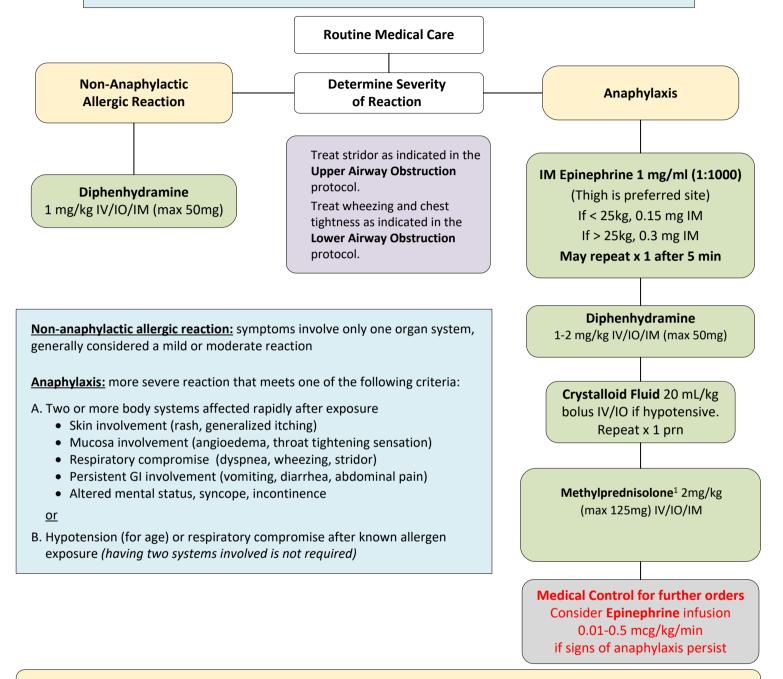
Pediatric Anaphylaxis / Allergic Reaction

(a) Evaluate for non-anaphylactic allergic reaction versus anaphylaxis
(b) Consider other specific protocols. e.g. airway management, breathing difficulty, shock



- The mainstay of treatment for anaphylaxis is epinephrine. Consider immediate IM epinephrine prior to IV/IO access in critically ill patients. Administration to the thigh is the fastest IM site. Use either the vastus lateralis or the rectus femoris.
- If patient has their own epinephrine via auto-injector you may assist them with using it.
- A dystonic reaction (to phenothiazines) is an adverse reaction **NOT** an allergic reaction. Patients may receive **Diphenhydramine** 1-2 mg/kg IV/IM.
- Reassess frequently for signs of deterioration, including impending airway obstruction
- ¹ Corticosteroids are not indicated as initial treatment for anaphylaxis in the place of epinephrine; they can be given as adjunctive therapy after the administration of epinephrine but should be considered optional.

