

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9002.19
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	<b>Pediatric</b> <b>Allergic Reaction / Anaphylaxis</b>	Last Approval Date:	03/08/23
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish treatment standards in treating pediatric patients with signs and symptoms of allergic reaction and/or anaphylaxis.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Policy:**

- A. Anaphylaxis is a suspected allergic reaction that involves two or more body systems (i.e., skin, respiratory, GI). Remember that allergic reactions may deteriorate into anaphylaxis- reassess often and be prepared to treat for anaphylaxis.

**Protocol:**

BLS
<b>ALLERGIC REACTION:</b> <ol style="list-style-type: none"> <li>Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible. Consider non-invasive ventilation.</li> <li>Airway adjuncts as needed.</li> <li>Remove the stinger/injection mechanism.</li> </ol> <b>ANAPHYLAXIS:</b> <ol style="list-style-type: none"> <li>Administer Epinephrine auto-injector if needed: <ul style="list-style-type: none"> <li>15-30kg Epinephrine Auto-Injector 0.15 mg IM. No repeat. Record the time of injection.</li> <li>&gt; 30kg Epinephrine Auto-Injector 0.3 mg IM. No repeat. Record the time of injection.</li> </ul> </li> <li>Transport and begin therapy simultaneously.</li> </ol>
ALS
<b>ALLERGIC REACTION:</b> <ol style="list-style-type: none"> <li>Consider <b>Diphenhydramine:</b> <ul style="list-style-type: none"> <li>1 mg/kg Per Oral (PO), IV/IO/IM to a maximum of 50 mg.</li> </ul> </li> <li>Consider vascular access.</li> <li>Cardiac monitoring</li> <li>Reassess</li> </ol> <b>ANAPHYLAXIS:</b> <ol style="list-style-type: none"> <li><b>Epinephrine:</b> 0.01 mg/kg of 1:1,000, Intramuscular (IM) to a maximum of 0.3 mg.</li> </ol>

- Repeat every 15 min. to a maximum of three (3) doses until a minimal Systolic Blood Pressure (SBP) for the patient's age is reached or improvement of symptoms.
  - 2. Establish vascular access. If hypotensive, give 20 ml/kg bolus of NS and reassess after each bolus. Monitor and reassess.
  - 3. Cardiac Monitoring
  - 4. **Diphenhydramine:** 1 mg/kg IV, IO or IM, to a maximum of 50 mg.
  - 5. **Albuterol:** 2.5 mg (3 ml unit dose) Handheld Nebulizer (HHN) for wheezing. Reassess after the first treatment may be repeated as needed based on reassessment.
- If there are no signs of improvement and the patient is in extremis (stridor, persistent hypotension, etc.), administer:
1. **Epinephrine:** 0.01 mg/ml (10mcg/ml) – 0.5-2 ml every (5-20 mcg) IV/IO every 2-5 minutes for stridor and hypotension. Titrate to a minimal systolic blood pressure (SBP) for patient's age, improvement of symptoms, or a total of 0.3 mg is given.
- NOTE: Monitor SBP while administering/titrating.

**Cross Reference:** PD# 8837 – Pediatric Airway Management  
PD# 8829 – Noninvasive Ventilation (NIV)