

Diagnosis

ANAPHYLAXIS

Management

After exposure to likely allergen for that patient, rapid development of two or more of:

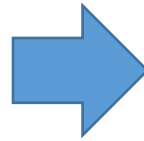
- 1) **Skin and/or mucosa sx:** pruritis, flushing, hives, angioedema
- 2) **Respiratory compromise:** dyspnea, wheezing, stridor, hypoxemia
- 3) **Hypotension or end-organ dysfunction:** collapse, syncope, incontinence
- 4) **Persistent GI symptoms:** vomiting, crampy abdominal pain, diarrhea

OR

Skin and/or mucosa sx AND either
Respiratory compromise OR
Hypotension / end-organ dysfunction

OR

Hypotension after exposure to known allergen for that patient (minutes to several hours)



Immediate

Assess airway, breathing, circulation, prepare to intubate if airway edema
Obtain IV access, give oxygen, place on cardiorespiratory monitor
Place in supine position, Trendelenburg if hypotensive
Give IM epinephrine 0.01 mg/kg = 0.01 cc/kg of 1:1000 epinephrine,
maximum 0.5mg = 0.5cc, in antero-lateral thigh, repeat q5-15 min prn

Adjuncts

Normal saline bolus 20 cc/kg (adult 1 liter), repeat prn poor perfusion
Albuterol neb for bronchospasm 0.15 mg/kg (2.5-5 mg), repeat prn
Diphenhydramine (H1 blocker) 1 mg/kg (max 50 mg) IV or PO
Ranitidine (H2 blocker) 1 mg/kg (max 50 mg) IV OR
Cimetidine (H2 blocker) 4 mg/kg (max 300 mg) IV
Methylprednisolone 2 mg/kg (adult 125 mg) IV or Prednisone 1-2 mg/kg
(adult 60-80 mg)

Refractory

Epinephrine infusion 0.1 mcg/kg/min IV, titrate up prn to 1 mcg/kg/min
Glucagon 20-30 mcg/kg (adult 1-5 mg) IV, then infusion 5-15 mcg/min
Consider ECMO

Disposition: Observe at least 4 to 8 hours, Admit if severe or high risk,
If discharge, identify/avoid allergen, Rx Epi-pen, and f/u with allergist