

ANAPHYLAXIS - PEDIATRICS
(29 Days of Age to 17 years
of age less 1 day)
IH Emergency Departments

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

1. INITIAL MANAGEMENT

****USE EPINEPHrine 1 mg / mL CONCENTRATION****

- **EPINEPHrine 0.01 mg / kg / dose (maximum 0.5 mg / dose) INTRAMUSCULAR (IM) as per dosing table below**
- **May repeat EPINEPHrine 0.01 mg / kg / dose (maximum 0.5 mg / dose) INTRAMUSCULAR (IM) as per dosing table below Q5 minutes PRN x 2 doses (for ongoing symptoms of respiratory compromise or shock) for a total of 3 doses.**

Order Based on Weight (kg)	EPINEPHrine IM dose (rounded to the nearest 0.05 mg)	Volume of 1 mg / mL ampoule (mL)
<input type="checkbox"/> 5 to 10	0.1 mg	0.1 mL
<input type="checkbox"/> 11 to 15	0.15 mg	0.15 mL
<input type="checkbox"/> 16 to 20	0.2 mg	0.2 mL
<input type="checkbox"/> 21 to 25	0.25 mg	0.25 mL
<input type="checkbox"/> 26 to 30	0.3 mg	0.3 mL
<input type="checkbox"/> 31 to 35	0.35 mg	0.35 mL
<input type="checkbox"/> 36 to 40	0.4 mg	0.4 mL
<input type="checkbox"/> 41 to 45	0.45 mg	0.45 mL
<input type="checkbox"/> Greater than or equal to 46 kg	0.5 mg	0.5 mL

2. ALLERGIES: see # 826234 - Allergy and Adverse Reaction Record

3. CONSULTS: Respiratory Therapist CHARLiE Pediatrician

4. ED DIET: NPO NPO - sips with medications

5. MONITORING

- Continuous SpO₂ monitoring
- Continuous cardiac monitoring
- Continuous end-tidal CO₂ monitoring
- Point-of-Care Capillary Blood Glucose **STAT** If blood glucose less than 4.0 mmol/L refer to medication section for hypoglycemia management.

6. STAT LABORATORY

- CBC, Lytes4, Creatinine (incl. GFR), Urea
- Blood Gases- Venous ****OR**** Blood Gases- Arterial ****OR**** Blood Gases- Capillary
- Other _____

7. DIAGNOSTICS

- CXR [CHEST PEDS <17 YRS PORT] [RAD]
- CXR [CHEST PEDS <17 YRS] [RAD]
- ECG 12 LEAD (Under 2 years) [CARD]
- ECG 12 LEAD (2 – 16 years) [CARD]

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#

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8. TREATMENTS

- Apply oxygen for signs of shock or respiratory distress or for SPO₂ less than 92%
- Establish peripheral IV access STAT
 - If unable to insert peripheral IV within 5 minutes OR after 2 failed attempts establish intraosseous (IO)

9. INTRAVENOUS THERAPY AND HYDRATION

A. IF SIGNS OF SHOCK PRESENT

Administer IV crystalloid boluses 10 to 20 mL/kg to a maximum of 60 mL/kg in the first hour. Consult BCCH if patient requiring 40 mL/kg or more in the first hour. In sites without the ability to manage critical pediatric patients, consider limiting IV fluids to 40 mL/kg in the first hour. If signs/symptoms of fluid overload move to vasoactive therapy.

IV Fluid Bolus

- Lactated Ringer's Solution _____ mL (10 to 20 mL/kg) IV/IO over _____ minutes (recommended over 5 to 30 minutes)
****OR****
- Sodium Chloride 0.9% _____ mL (10 to 20 mL/kg) IV/IO over _____ minutes (recommended over 5 to 30 minutes)

B. IF NO SIGNS OF SHOCK PRESENT

- Administer maintenance IV fluids. Do not give IV boluses unless clinical signs of shock arise or if directed by Pediatrician.

Maintenance IV Fluids

- D5NS _____ mL/H IV/IO

10. MEDICATIONS

INHALED MEDICATIONS

If bronchospasm not responsive to **EPINEPHrine**

Pediatric less than 20 kg:

- salbutamol 500 mcg (5 puffs) per MDI with spacer (preferred) × 1 dose, then Q1H PRN
****OR****
- salbutamol 2.5 mg nebulized via 6 to 8 L/min of oxygen × 1 dose, then Q1H PRN

Pediatric 20 kg or greater:

- salbutamol 1,000 mcg (10 puffs) per MDI with spacer (preferred) × 1 dose, then Q1H PRN
****OR****
- salbutamol 5 mg nebulized via 6 to 8 L/min of oxygen × 1 dose, then Q1H PRN

Corticosteroid Medication:

If significant bronchospasm, asthmatic, shock, or upper airway obstruction

- methylPREDNISolone sodium succinate _____ mg (1 mg/kg/dose, maximum 60 mg/dose) IV/IO × 1 dose
****OR****
- dexamethasone _____ mg (0.6 mg/kg/dose, maximum 16 mg/dose) PO/IV/IO × 1 dose *IV formulation may be given PO*

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10. MEDICATIONS (cont'd)

Vasoactive Therapy:

*If severe hypotension ****OR**** hypotension refractory to 3 doses of IM **EPINEPHrine** and IV fluids*

Continue to administer IM EPINEPHrine as per INITIAL MANAGEMENT section while preparing EPINEPHrine infusion

- EPINEPHrine IV / IO continuous infusion at 0.05 mcg / kg / min – titrate rate up by 0.02 mcg / kg / min to a max of 1 mcg / kg / min in consultation with treating physician / MRP targeting MAP goal of _____**

HYPOGLYCEMIA MANAGEMENT

*****Select orders based on appropriate age and weight where applicable*****

BLOOD GLUCOSE LESS THAN OR EQUAL TO 2.6 mmol / L

****SELECT ONE A OR B****

A. IV / IO Access

- D10W _____ mL (5 mL / kg / dose to a maximum of 250 mL / dose) rapid IV / IO push STAT**

****OR****

B. NO IV / IO Access (select ONE weight-based dose)

Weight less than 20 kg

- glucagon 0.5 mg IM / SC × 1 dose**

****OR****

Weight greater than or equal to 20 kg

- glucagon 1 mg IM / SC × 1 dose**

****THEN****

- **D5NS _____ mL / H IV / IO**
- Reassess blood glucose in 5 minutes post D10W or glucagon administration
 - If blood glucose 2.6 mmol / L or less notify MRP STAT
 - If blood glucose 2.7 mmol / L or greater follow guidance for blood glucose 2.7 to 3.9 mmol / L

BLOOD GLUCOSE 2.7 to 3.9 mmol / L

- **D5NS _____ mL / H IV / IO**
- Reassess blood glucose Q30 minutes until 4.0 mmol / L or greater then MRP to reassess care plan

ADJUNCT THERAPY

For treatment of symptomatic hives / urticaria (not for treatment of anaphylaxis)

- cetirizine _____ mg PO × 1 dose (see dosing table below)**

Drug	Age	Dose
cetirizine PO	6 months to less than 2 years	2.5 mg
	2 to 5 years	5 mg
	Greater than 5 years	10 mg

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