



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ALLERGIC REACTION/ANAPHYLAXIS - PEDIATRIC

#: BH-P-060
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Org. Date: 04/01/2013
Revised Date: 07/20/2023

BASE GUIDELINES

Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatment/procedures not initiated prior to base hospital/CCERC contact.

An anaphylactic reaction includes = hypotension, wheezing, hypoxia (pulse oximetry less than 95% saturation), stridor, intra-oral swelling, gastrointestinal symptoms, and/or impending airway obstruction.

Epinephrine should be the first line of treatment and a priority in these circumstances.

For weak or absent palpable pulse, lack of response to fluid boluses, lack of response to IM Epinephrine, or impending airway obstruction consider giving Epinephrine via IV or IO:

- **Epinephrine 0.01 mg/kg IV/IO (0.1 mg/1 mL concentration)**
 - Maximum single dose is 0.3 mg (3 mL)

If cardiac arrest occurs, treat using cardiac arrest (pediatric) Base Hospital Treatment Guidelines/Standing Orders (BH-P-40/SO-P-40).

ALS STANDING ORDER

Allergic reactions may be mild to life threatening (termed anaphylaxis), treat based on the following findings:

I. Allergic Reaction

Allergic reaction with only rash or urticaria. and with stable vital signs and no history of anaphylaxis:

- ▶ Pulse oximetry: if room air oxygen saturation is less than 95%, manage as anaphylaxis as described below.
- ▶ Transport to nearest appropriate ERC. ALS escort if history of anaphylaxis.

Allergic reaction limited only to facial/cervical angioedema:

- **Epinephrine 0.01 mg/kg IM lateral thigh area (1 mg/1 mL concentration)** – one time (limit one-time dose to maximum of 0.5mg) **HOLD** if Epinephrine Auto-injector administered prior to arrival.
- Oxygen by mask (high flow), blow by technique, or nasal cannula (for blow by or nasal cannula provides 6 L/min flow rate) as tolerated.
- **Diphenhydramine (Benadryl ®) 1 mg/kg IM/IV/IO** once (limit one-time dose to maximum of 50 mg or 1 mL of the 50 mg/mL solution). Do not administer if diphenhydramine taken prior to arrival.
- ▶ ALS escort to the nearest appropriate ERC.

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ALS STANDING ORDER

II. Anaphylaxis

Anaphylactic reaction includes hypotension, wheezing, hypoxia (pulse oximetry less than 95% saturation), stridor, intra-oral swelling, gastrointestinal symptoms, and/or impending airway obstruction:

- **Epinephrine 0.01 mg/kg IM lateral thigh area (1 mg/1 mL concentration).** Maximum dose 0.5 mg. If Epinephrine Auto-injector administered prior to arrival, consider one dose of epinephrine has been provided.
- Oxygen by mask (high flow), blow by technique, or nasal cannula (for blow by or nasal cannula provide 6 l/min flow rate) as tolerated.
- ▶ Establish IV/IO access if hypotensive.
 - **Infuse normal saline, 20 mL/kg IV/IO bolus (Maximum 250 ml)** and make BH contact. May repeat twice for total of three boluses as a standing order.
- ▶ If wheezing or hypoxic (initiate room air pulse oximetry less than 95% saturation):
 - **Albuterol, Continuous nebulization of 6ml (5mg)** concentration as tolerated.
- ▶ After initial IM Epinephrine given as above, if after approximately 5 minutes there is continued hypotension, respiratory distress, or impending airway obstruction, consider administration of second dose of epinephrine by one of the following routes:

Approved:

Carl Schultz, MD

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ALS STANDING ORDER

- **Epinephrine 0.01 mg/kg IM lateral thigh (1 mg/1 mL concentration).** Maximum single dose is 0.5 mg (0.5 mL)
OR
Epinephrine 0.01 mg/kg IV/IO (0.1 mg/1 mL concentration). Maximum single dose is 0.3 mg (3 mL).
- **Diphenhydramine (Benadryl®) 1 mg/kg IM/IV/IO** one time (limit one-time dose to maximum of 50 mg or 1 mL or the 50 mg/mL solution). Do not administer if diphenhydramine taken prior to arrival.
- Contact Base Hospital (CCERC base preferred) and ALS escort as directed to CCERC or ERC.

Patients self-treated with Epi-Pen (epinephrine auto-injector) prior to EMS arrival:

- ▶ Consider patient having received first epinephrine IM dose and follow above steps.
- ▶ ALS escort to ERC or if appropriate, contact Base Hospital (CCERC base preferred) for further evaluation even when symptoms resolving.

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