

A. Anaphylaxis (Severe Reactions)

Anaphylaxis is a condition resulting from a severe allergic reaction. The patient will present in shock or acute respiratory distress as a result of angioedema of the upper airways and bronchospasm.

Pediatric Care

BLS

1. Initial Assessment/Care ([Protocol 1](#)).
2. In children < 3 years (<15 kg) administer one injection from the Epi-Pen Jr in the lateral thigh or upper arm (> 15 kg use the Epi Pen). The Epi Pen delivers a lower dose than ALS # 2, and therefore, its use will be limited to BLS units only.

ALS

2. Administer **Epinephrine 1:1,000, 0.01mg/kg deep IM** (max dose of 0.3 mg). DO NOT administer more than 0.3 mg IM in a single dose.
 - a) If the patient is profoundly hypotensive (Delayed capillary refill or with no radial pulse) then administer **Epinephrine 1:10,000 0.01 mg/kg SLOW IV** (max dose of 0.3 mg). This may be repeated in 5 minutes.
3. Administer **Benadryl (diphenhydramine), 1 mg/kg Slow IV or IM** (max dose of 25 mg).
4. If bronchospasm is not relieved by the administration of Epinephrine, administer **Albuterol**;
 - a) ≤10 kg, administer 1.5 mL (1.25 mg) diluted with 2 mL Normal Saline.
 - b) >10 kg, administer 3 mL (2.5 mg).

B. Mild Allergic Reactions

Mild reactions include local/systemic itching and urticaria (hives). Treatment is aimed at making the patient comfortable and continually assessing for the development of respiratory distress and/or anaphylaxis.

*Pediatric Care***BLS**

1. Initial Assessment/Care ([Protocol 1](#)).

ALS

1. Administer **Benadryl (Diphenhydramine), 1 mg/kg Slow IV or IM**. This may be repeated once if symptoms do not subside (max dose of 25 mg).
2. If respiratory distress and/or bronchospasm develop, treat the patient per Section A, Anaphylaxis (Severe Reactions).

C. Dystonic Reactions

Dystonic or extrapyramidal reactions are the result of side effects related to a number of anti-psychotic and anti-emetic drugs. Signs and symptoms include painful upward gaze, bizarre tics of the eyelids, jaw clenching, facial grimacing, neck and back stiffness or spasms, and difficulty speaking. Suspect possible dystonic reaction in the patient exhibiting these signs who is taking any of the following medications:

Haldol (Haloperidol)

Tigan (Trimethobenzamide HCl)

Stelazine
(Trifluoperazine)

Trilafon (Perphenazine)

Prolixin (Fluphenazine HCl)

Reglan (Metoclopramide)

Navane (Thiothixene)

Compazine (Prochlorperazine)

NOTE: The individuals taking any of these medications may also be prescribed **Cogentin** (Benztropine Mesylate) to combat untoward effects.

*Pediatric Care***ALS**

1. Administer **Benadryl (Diphenhydramine), 1 mg/kg Slow IV or IM** (max dose 25 mg).