

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director

SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

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**PEDIATRIC ALLERGIC REACTION**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

<b>STANDING ORDERS</b>	
<b>ABC's</b>	
<b>REMOVE ALLERGEN</b>	If possible (e.g. bee stinger) and apply ice to site.
<b>OXYGEN</b>	
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>MILD REACTION</b> (hives, rash, swelling)	
<b>IV ACCESS</b>	TKO with microdrip tubing and volume control chamber.
<b>DIPHENHYDRAMINE</b>	1 mg/kg IV/IO/IM (maximum dose 50 mg) for severe itching.
<b>SEVERE REACTION (Anaphylactic Shock)</b> (wheezing, stridor, hypotension, severe respiratory depression, oral swelling, altered mental status, chest tightness)	
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:1,000 SQ, IM, IG, (maximum dose 0.5 mg).
<b>IV/IO ACCESS</b>	TKO with microdrip tubing and volume control chamber.
<b>DIPHENHYDRAMINE</b>	1 mg/kg IV/IO/IM (maximum dose 50 mg) for severe itching.
<b>ALBUTEROL</b>	If wheezing or stridor: 3.0 ml in 15 ml saline (or 6 unit dose vials) via nebulizer over 1 hour, or until symptoms improve. If patient intubated, administer dose through aerosol holding chamber. Repeat as needed.
<b>BASE PHYSICIAN ORDERS</b>	
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:10,000 IV/IO (maximum dose 0.1 mg) (1.0 ml), if low systolic BP and severe respiratory distress. May repeat every 1-2 minutes to Broselow Tape systolic BP target or improved ventilation.