



Base Hospital Contact: Required for anaphylaxis.

1. Assess airway and initiate basic airway maneuvers (*MCG 1302*)
Continually assess patient's airway and ventilation status
2. Administer **Oxygen** prn (*MCG 1302*)
High-flow Oxygen 15L/min for anaphylaxis with poor perfusion or airway compromise
3. Advanced airway prn (*MCG 1302*)
4. Initiate cardiac monitoring prn (*MCG 1308*)
5. For anaphylaxis:
Epinephrine (1mg/mL) 0.01mg/kg IM, dose per *MCG 1309*, in the lateral thigh ❶
CONTACT BASE: Repeat **Epinephrine (1mg/mL) 0.01mg/kg IM** every 10 min x2 prn persistent symptoms, maximum total 3 doses
6. Establish vascular access prn (*MCG 1375*)
Vascular access for all patients with anaphylaxis
7. For poor perfusion (*MCG 1355*):
Normal Saline 20mL/kg IV rapid infusion per *MCG 1309*
8. For persistent poor perfusion after initial 5mL/kg Normal Saline (anaphylactic shock):
Continue **Normal Saline 20mL/kg IV rapid infusion**
Push-dose Epinephrine – mix 9mL Normal Saline with 1mL Epinephrine (0.1mg/mL) IV formulation in a 10mL syringe; administer **Push-dose Epinephrine (0.01mg/mL)**, dose per *MCG 1309* every 1-5 minutes as needed to maintain normal SBP per *MCG 1309* until hospital arrival

CONTACT BASE concurrent with initial dose of **Push-dose Epinephrine**

Treat in conjunction with *TP 1207-P, Shock/Hypotension*
9. If wheezing: ❷
< 4 year of age: **Albuterol 2.5mg (3mL) via neb or 2 puffs via MDI** per *MCG 1309* ❸
≥ 4 year of age: **Albuterol 5mg (6mL) via neb or 4 puffs via MDI** per *MCG 1309* ❸
Repeat x2 prn, maximum 3 total doses prior to Base contact
10. For itching/hives:
Diphenhydramine (50mg/mL) 1mg/kg slow IV push one time, dose per *MCG 1309* ❹
If unable to obtain venous access, **Diphenhydramine (50mg/mL) 1mg/kg deep IM**, dose per *MCG 1309*



SPECIAL CONSIDERATIONS

- ❶ Epinephrine is the drug of choice for allergic reactions with any one of the following: angioedema, respiratory compromise or poor perfusion. It should be given IM into a large muscle group, lateral thigh preferred or alternatively the lateral gluteus. Vital signs vary by age and normal ranges can be found in [MCG 1309](#). Any pediatric patient with vital signs outside the normal range for age should be considered potentially ill and transported to an EDAP or PMC if criteria are met.
- ❷ Patients with wheezing due to allergic reaction should be treated with Epinephrine IM. Albuterol may be administered in addition to Epinephrine IM if wheezing persists.
- ❸ Consider blow-by to avoid agitation in pediatric patients if a mask cannot be tolerated (e.g., infants and toddlers).
- ❹ Diphenhydramine does not treat anaphylaxis. For patients in anaphylaxis, Epinephrine administration is the first priority. Diphenhydramine may be considered once other treatments are complete or in stable patients with discomfort for isolated hives.

